

AN ANALYSIS OF PERSONAL PROBLEMS  
REPORTED BY  
163 CANADIAN NURSING STUDENTS

FRANCES RIDDELL

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AN ANALYSIS OF PERSONAL PROBLEMS  
REPORTED BY 163 CANADIAN NURSING STUDENTS

Submitted by

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(B.A. and Nursing, McMaster University

Hamilton, Canada, 1948)

In partial fulfillment of requirements for the degree  
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## CHAPTER I

### INTRODUCTION

The development of the nursing student is the concern of all who come in contact with her, since her professional growth includes her physical, social, cultural, moral and intellectual development. Awareness of the actual problems of the students will make for more intelligent assistance given by the nursing faculty to the individual toward the development of a better integrated personality. Various studies have been made in the United States to investigate the problems of students of nursing as a basis for the development of an effective guidance program. Every school however should study its own student body as the needs vary in different schools and in different localities.

#### The Statement of the Problem

This study has been undertaken to uncover the personal problems of the nursing students in the H. G. Hospital School of Nursing in order to determine whether or not their needs are being effectively met. Specifically it will endeavor to ascertain:

1. In what areas the majority of problems are found.
2. Which problems are of most concern to the first, second, and third year students.
3. How the students react to the knowledge that someone

## INTRODUCTION

The development of the nursing student is the concern of all who are in contact with her, since her professional growth includes her physical, social, cultural, moral and intellectual development. Awareness of the social problems of the student will make for more intelligent assistance given by the nursing faculty to the individual toward the development of a better integrated personality. Various studies have been made in the United States to investigate the problem of adjustment of nursing as a career for the development of an effective nursing program. Very few, however, have actually studied the student body as the needs vary in different schools and in different locations.

## THE SIGNIFICANCE OF THE STUDY

This study has been undertaken to discover the personal problems of the nursing student in the U. S. Hospital School of Nursing in order to determine whether or not these needs are being effectively met. Effectively is with reference to the following:

1. In what manner the majority of problems are found.
2. When problems are of such concern to the first, second, and third year students.
3. How the students react to the problems and how



is interested in their problems.

4. How the students react to a problem check list.
5. Whether or not the students feel that there is a member of the faculty with whom they can freely discuss their problems.

### Purpose of the Study

The purpose of this study is to collect information about the personal problems of students in a specific situation; to determine methods of analysis which will best demonstrate the problems in their relative frequency and intensity; to compare the problems of a group of Canadian students with those of American students which have been reported by other investigators; to report the findings with the hope that they will provide new insight into the attitudes and problems of the student group; and to make recommendations based on these findings, to the faculties and administrators concerned.

### Scope of the Study

The study is concerned with two groups of nursing students both using the clinical facilities of a large city hospital in eastern Canada. The students' problems were elicited by means of a Problem Check List. A better understanding was gained of the environmental forces underlying their needs through informal conversation with some students and staff members. A study was made of the literature in the field of





guidance dealing with the common problems of youth as well as the special needs of nursing students.

### Limitations

The number of students participating in the study was limited for several reasons: participation was entirely voluntary, off-duty time was used by the majority of the students for the completion of the forms, and personal contact with most of the students was limited to a few minutes at the beginning of a regular class period.

One method only was used to locate the most prevalent problems of the students. For a better understanding of the possible causative factors or for any interpretation of individual cases, additional information is needed. This might be obtained by observation of the students' behavior, pooling of faculty opinions and reports, analysis of environmental factors, interviews with the students in a permissive atmosphere and by examination of the cumulative records.

There are certain limitations within the Check List itself:

1. The Check List will only reflect problems which the students recognize and are willing to express.
2. Problems which are not marked because they are not recognized or because they are repressed, may be more serious than those that are marked.
3. Interpretation of the items will vary with the





individual.

4. One problem may outweigh all the others.
5. Stimuli within the list may evoke responses which are not really significant.
6. Responses will vary with the circumstances under which the list is given.

#### Reports of Other Studies

Reports of other investigators of student problems reveal a variety of techniques, but only those studies which have contributed to the development of the Problem Check List used by this writer will be discussed here. The first of these was undertaken by Frances Triggs and Ellen Bigelow who used the Problem Check List College Form by Ross Mooney with forty nursing students. Finding that it was not entirely applicable to the nursing group, some modifications were made. It was then administered to 295 students at the University of Minnesota and to 112 three-year affiliating students. These two groups were remarkably in agreement about problems centered in the curriculum, study, the future, their families, marriage, personal-psychological problems and social skills. Students in the university course expressed more concern over problems relating to finance and religious matters than did the affiliating students, but the latter reported more problems of health and social-psychological relations.

In 1945, Luella Morison, working at Ohio State University,





took as a research study, "The Development of a Check List of Problems as a Counseling Instrument for Students in Schools of Nursing." Using the College Form by Dr. Mooney as a base, adaptations were made to better suit the needs of nursing students. Some items were reworded, new items were developed and two new areas were added: "Adjustment to Human Relations in Nursing" and "Adjustment to the Administration of Nursing Care." The revised form was then administered to students in six schools of nursing for the purpose of comparing their problems and exploring the various uses of the Check List in the School of Nursing. The conclusions of this study in terms of the student problems were:

1. The most frequent problems faced by student nurses are those involving social and recreational activities.
2. ....there is strong evidence that the students need for their personal and professional development a program of training in nursing which is more sensitive to the development of the students as individual personalities than schools are now providing.
3. The problems marked by twenty-five per cent or more of the students are predominantly problems showing limitations on time and correlated pressures on the students in schools of nursing. Problems related to the home: to morals and religion: to courtship, sex and marriage are concerns of comparatively few of the students.
4. The freshmen students indicated problems mainly in the areas relating to adjustments to the school of nursing, while the seniors marked problems primarily centered around their future in their professional and educational programs.
5. The average number of problems for freshmen was 36.33: for seniors 33.83: and for all students 35.57.





6. The range of problems was from 2 to 127.4.<sup>1</sup>

The next year, 1946, Madeline Dill used this form in an attempt to "provide specific information as to the personal problems reported by students in School of Nursing."<sup>2</sup> This information was obtained from 300 nursing students in and around the City of Boston, Massachusetts. The findings of this study bore out those of Miss Morison's in that more problems were underscored in the area of Social Recreational Activities and fewer in Home and Family than in any other. Dill's study also demonstrated that this was an effective instrument for securing information regarding student problems in that students reacted favorably to completing the Check List and indicated that the questions adequately covered the range of their difficulties.

A curricular study undertaken by Mary Schmitt at the University of Pittsburgh in 1948, included an analysis of students' problems obtained from 715 Morison Problem Check Lists. The majority of students, 619, were from hospital schools of nursing while 96 were enrolled in the University of Pittsburgh School of Nursing. A comparison was made of the problems reported by the two groups and although the university group

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<sup>1</sup>Mary Schmitt, "A Curricular Study of Psychological Problems Encountered by Students in the Basic Professional Program in Nursing," (University of Pittsburgh, Pittsburgh, 1948), p. 10.

<sup>2</sup>Madeline F. Dill, "An Analysis of Personal Problems of Student Nurses." (Unpublished Master's thesis, Boston University, Boston, 1946), p. 3.





were older in years and had at least two years of college prior to entering nursing schools, there was no appreciable difference between the average number of troublesome problems.<sup>3</sup> A summary of the conclusions indicated that:

those factors which appeared to bring about the most problems for nursing students as revealed by them by the medium of the Check List were: unsatisfactory learning conditions which involve relationships between students and instructors; restrictions on the students' free time; insufficient opportunity for maintaining good mental and physical health; inadequate counseling; improper amount of emotional balance in the student; and lack of self-discipline.<sup>4</sup>

These results indicate consistently that this Check List reflects problems with which the students are concerned and about which they are ready and willing to verbalize. The writer has drawn upon the methods used by these investigators in the administration of the Check List and in the analysis of the data, but the application of these methods will be to a specific rather than a general group of students. It is also hoped that the findings of this study may be used as a guide by the staff concerned to new developments and revisions in the curricular, extracurricular, teaching, supervising and administrative programs of the school.

#### Philosophy Underlying the Study

Results of these and similar studies as well as research

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<sup>3</sup>Schmitt, op. cit., p. 34.

<sup>4</sup>Ibid., p. 57.





in the field of psychology give conclusive evidence that individuals do not learn by the mind alone. Moreover the philosophy of modern education now generally includes such objectives as self-realization, human relations, economic efficiency and civic responsibility. In the field of nursing so much emphasis has been placed upon giving care to the patient and to mastering nursing techniques that little time has been left for the development of the individual nurse.

"Nurses (and nursing students)<sup>5</sup> as well as patients are people with emotional, social and economic problems. If they themselves have reason to believe that someone understands and cares enough to try to meet their needs, it follows that they will be more effective in caring for the total needs of their patients."<sup>6</sup> They will also be more effective in the learning situation. Dr. Reider, in speaking at the 1950 Convention of the National League of Nursing Education Convention in San Francisco, stated that it seemed to be a valid assumption "that unless the nurse's human needs are met in her work she will be unable to satisfy the human needs of her patients.

It is not merely an assumption that a happy nurse is a good one, that one who is able to attain satisfaction in her work and in her outside life is an effective nurse, and that the dissatisfied nurse takes it out either on her patients or

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<sup>5</sup>Words within parenthesis, the writer's.

<sup>6</sup>C. Keller, "Raising the Cancer Patient's Morale," The American Journal of Nursing, 49:509, (August 1949).

in the field of psychology have conclusive evidence that individuals do not learn by the mind alone. However, the philosophy of behavior education now generally includes such objectives as self-realization, human relations, economic efficiency and civic responsibility. In the field of nursing so much emphasis has been placed upon giving care to the patient that the interesting nursing techniques that little time has been left for the development of the individual nurse. "Nurses (and nursing students)" as well as patients and people with emotional, social and economic problems. In this regard, nurses have tended to follow the same patterns and care enough to try to meet their needs, it follows that they will be more effective in caring for the actual needs of their patients.<sup>60</sup> They will also be more effective in the handling of attention. Dr. Heider, in speaking at the 1950 convention of the National League of Nursing, stressed a revolution in nursing education, stating that it seemed to be a valid description "that nursing is a woman's human needs and not just a woman's will be unable to realize the human needs of her patients. It is not merely an assumption that a happy nurse is a good one, but one who is able to achieve satisfaction in her work and in her attitude. Life is an effective nurse, and the the dissatisfied nurse takes it out either on her patients or

<sup>60</sup> Heider, "Nurses and Human Relations," *Journal of Nursing*, 1950, (Jan-Mar 1950), 1-2.



on herself."<sup>7</sup>

Today more than ever before, many young people are meeting situations and problems in every day living with which they are unable to cope effectively. For the young women in the nursing profession there are added frustrations and difficult adjustments. Entering the school with all the freshness and vigor of youth their way of life is drastically changed, forcing them into maturity earlier than perhaps any other group of adolescents. For some it is the first time away from home; many are having their first contact with illness and death. To these are added problems of residence life, studying and limitations of their social and recreational activities.

Although this adjustment to life within the school of nursing is frequently difficult, one should not overlook the fact that there may be other adjustments which are equally difficult for the student. In speaking of the importance of these, David Boyd said:

The student nurse is a person. She brings her own inner life, her feelings, and her difficulties into the training school situation. She retains her relationship with her family and her friends and reacts to the problems of these groups. Her own personal interrelationships and orientation present perplexing problems that must be solved. The student does not shed these inner conflicts when she dons a uniform, but carries them into the classroom, the ward, and the study hall. Many of

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<sup>7</sup>Norman Reider, "Human Needs and Nursing": Annual Report of the National League of Nursing Education, (National League of Nursing Education, New York, 1950), p. 258.

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ties.  
Although this adjustment to life within the school of  
nursing is tremendously difficult, one should not overlook the  
fact that there may be other adjustments which are actually  
difficult for the student. In speaking of the importance of  
these, Davis says:

The student nurse is a person. She has her own  
inner life, her feelings, her beliefs, her attitudes and  
her reactions to the world around her. She is not a  
robot, a machine, a thing. She is a human being with  
all the complexities of a human mind. She is not  
just a body, a vessel, a container. She is a person  
with a soul, with a heart, with a mind. She is not  
just a student, a learner. She is a person who  
is growing, who is developing, who is becoming  
more and more a human being. She is not just a  
nurse, a caregiver. She is a person who is  
learning to love, to understand, to help, to  
heal. She is a person who is becoming more and  
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"Human Needs and Nursing": Human Needs and Nursing  
of the Human Body, 2nd Edition, by Mary B. Davis, 1960  
of Nursing Education, 2nd Edition, by Mary B. Davis, 1960



these difficulties and problems may have their genesis outside the hospital environment, but the personality response to these conflicts will be manifested in the hospital as undesirable character traits and behavior patterns. Further, these unwholesome patterns of reaction cannot, as a general rule, be corrected either by emulation of superiors or by lectures on ethics. The only reasonable method of attack is one that assists the girl to work through the problem. Sooner or later such a guidance program must be integrated into training schools and provide facilities for assisting the student in adjusting herself to the new environment and problems.

An adequate understanding of the needs of the students is basic to the development of a sound personnel program, and a philosophy based on a "guidance point-of-view" must be held by administration and faculty alike. Actually this is not a new philosophy in nursing. Miss Nightingale, the founder of modern nursing, was well aware of student problems and made provision for them. As in other phases of nursing education, however, Miss Nightingale was well ahead of her time and somewhere along the way many of her concepts were temporarily lost. On this continent as early as 1912, Miss Isabel Stewart was concerned with vocational counseling in nursing, the selection of well-qualified applicants and the responsibility of the school to help them realize their potentialities as individuals and as nurses in order that they might "give their best service to society" and at the same time "achieve the greatest happiness and satisfaction in their own lives."

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<sup>8</sup>David Boyd, "Mental Hygiene Problems of Student Nurses," Mental Hygiene, Vol. XXVII, No. 2, (April, 1943), p. 200.





Such a program has both a preventive and curative function. Its very purpose is to develop self-adjustment, but it lends assistance when the student finds that she cannot manage her life without help. Traxler believed that:

Ideally conceived, guidance enables each individual to understand his abilities and interests, to develop them as well as possible, to relate them to life goals and finally to reach a state of complete and mature self-guidance as a desirable citizen of a democratic social order. Guidance is thus vitally related to every aspect of the school- the curriculum, the health and fitness program, and home and community relations.<sup>9</sup>

#### Statement of the Presentation

Interpretation of the findings based on this philosophy will proceed as follows. Chapter II deals with the procedure of the study, a description of the study group, of the Problem Check List and of its administration and return. In Chapter III an analysis of the data is presented revealing the problem areas underscored most frequently and the individual items on the list about which the students were most concerned. Chapter IV includes a summary of the findings, recommendations based on these findings and suggestions for further study.

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<sup>9</sup>Arthur Traxler, Techniques of Guidance, (Harper and Brothers, New York, 1945), p. 9.





## CHAPTER II

### PROCEDURE OF THE STUDY

The purpose of this chapter is to acquaint the reader with the setting of the problem, with the format and content of the Problem Check List and with the manner in which it was administered and returned.

#### Description of the Study Group

The study group includes 139 students in the three-year program at the H. G. Hospital School of Nursing, and 24 students in the five-year basic professional program at M. University. Both groups use the clinical resources of H. G. Hospital. Of the 139 students in the three-year program, 57 were in their first year, 41 in their second year and 41 in their third year. In the university group, six were in the first year, four in the second, five in the third and nine in the fourth year of the program. The third and fourth year students were in the hospital at the time of the survey. Table I reveals the averages ages of the study groups, as follows: School A- first year, 19.5 years; second year- 20.0 years; third year- 20.9 years; School B- first year- 19.5 years; second year- 19.7 years; third year- 21.4 years; fourth year- 22.3 years of age.

## CHAPTER II

### PROCEDURE OF THE STUDY

The purpose of this chapter is to describe the manner in which the setting of the problem, with the design and content of the problem itself and with the manner in which it was administered and measured.

#### Description of the Study Group

The study group included 133 students in the three-year program at the U. S. Naval School of Nursing, and 24 students in the five-year dental professional program at U. S. University. Both groups use the clinical resources of U. S. Hospital. Of the 133 students in the three-year program, 67 were in their first year, 41 in their second year and 25 in their third year. In the university group, six were in the first year, four in the second, five in the third and nine in the fourth year of the program. The third and fourth year students were in the hospital at the time of the survey. Table I reveals the ages of the study groups as follows: School A - first year, 18.5 years; second year, 19.0 years; third year, 19.5 years; School B - first year, 19.5 years; second year, 19.7 years; third year, 20.4 years; fourth year, 21.4 years; fifth year, 22.5 years of age.



Table I. The Average Ages of the Students in Both Schools

Average Age of Students				
School	1st Year	2nd Year	3rd Year	4th Year
A	19.5	20.0	20.9	-
B	19.5	19.7	21.4	22.3

All of the students of School B are represented in the study while 46 per cent of the students in School A are represented.

Description of the Schools. Both schools are located in an industrial Canadian city of 250,000, in which various educational and cultural opportunities are available.

School A. H. G. Hospital School of Nursing, founded in 1890, is located in the industrial section of the city. The enrollment in the school as of January the first, 1951, was 304 plus 14 affiliating students from School B.

There is at present no organized guidance or counseling program within the school. A health service is provided with both curative and preventive functions. Time lost on account of illness up to three days a year (which is not cumulative), does not have to be made up. There is a student government and during the past year a Glee Club has been formed.

The students live in four residences located on the hospital grounds- two of these are modern and well-equipped; two are old homes which have been adapted for dormitory use. All





have formal living rooms and kitchenettes and Senior Residence contains a swimming pool and fiction library. Within walking distance are located churches of the major denominations.

At the time this study was made there were 160 graduate floor duty nurses, 31 assistant head nurses, 55 head nurses, 11 ward supervisors, 12 instructors and clinical supervisors and an administrative staff of nine, including the director.

The hospital has a bed capacity of 900 with an additional 175 beds in a new wing opened several months after the survey. In 1950, there was a daily average of 814 patients. Revenues from the patients, government support, and the city of Hamilton maintain the hospital and the school.

School B. The School of Nursing at M. University is located on the outskirts of the city, on the university campus. The total enrollment was 24 at the time of the study, the fifth year students having finished a month previously. These students use the university health program their first two years, then that of the affiliating school. A student organization has been formed and the students are able to attend university social functions. The five faculty members within the school act as advisors but the University Counseling Service is also available.

The first year students were living at home, the second year students in the university residence and the other students in the residence of School A.





## Description of the Problem Check List

The Problem Check List Form for schools of nursing was selected for the study because of its proven reliability and validity in reflecting the relatively stable concerns of a group.<sup>1</sup> It was developed in 1945 by Luella J. Morison using: (a) items obtained through original research with students and staff in schools of nursing and (b) items from the Problem Check List, College Form by Ross L. Mooney. Its purpose is to help students in the expression of their personal problems.

The Problem Check List is composed of seven pages: 364 items, 28 in each of 13 areas, with five free response questions summarizing the problems and evaluating the check list. The areas, with their code symbols, are as follows:

1. Health and Physical Development (HPD)
2. Finances and Living Conditions (FLC)
3. Social and Recreational Activities (SRA)
4. Social-Psychological Relations (SPR)
5. Personal-Psychological Relations (PPR)
6. Courtship, Sex and Marriage (CSM)
7. Home and Family (HF)
8. Morals and Religion (MR)
9. Adjustment to the School of Nursing (ASN)
10. The Future: Professional and Educational (FPE)
11. Curriculum and School Program (CSP)
12. Adjustment to Human Relations in Nursing (AHR)
13. Adjustment to Administration of Nursing Care (AAN)

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<sup>1</sup>Mary A. Price, Luella J. Morison, Ross L. Mooney, Manual to Accompany Luella J. Morison's Problem Check List Form for Schools of Nursing. (Bureau of Educational Research, Ohio State University, Columbus, Ohio, 1948), p. 4-5.





The items in these areas are arranged in groups of four vertically in seven columns. The problem areas follow the group of four horizontally across the page. Space is provided at the extreme right for scoring.

On the face of the form blanks are provided for the date of birth, the name of the School of Nursing, the class in the School of Nursing, the name of the person to whom the paper is to be returned, the student's name or other identification if desired, the date, and the directions for filling out the list, which are as follows:

This is not a test. It is a list of troublesome problems which often face students in schools of nursing--problems of health, social life, relations with people, studying and the like. You are asked to go through the list, pick out the particular problems which are of most concern, and make a summary interpretation in your own words. More specifically, you are to take these three steps:

- (1) Read the list slowly, pause at each item and if it suggests something which is troubling you, underline it thus, "1. Tiring very easily." Go through the whole list underlining the items which suggest troubles (difficulties, worries) of concern to you.
- (2) After completing the first step, look back over the items you have underlined and circle the numbers in front of the items which are of most concern to you, thus " 1. Tiring very easily."
- (3) After completing the first and second steps, answer the summarizing questions on pages five and six.

#### Administration of the Check Lists

In December 1950, both schools were visited and permission obtained from the directors to conduct the study.





In March 1951 the schools were revisited. After a meeting with the faculties in which the purpose and procedure of the survey were discussed, the check lists were administered to 231 of the students in School A and to the 24 students in School B.

Participation in the study was entirely voluntary. As School A was not able to provide class time in which the students could fill out the list, provision was made for the writer to speak to the students for a few minutes at the beginning of a regular class period to explain the purpose of the study and to invite their cooperation. Those students who were not having classes were seen in their time off duty on an appointed day. The students in School B were given a class period in which to fill in the check lists.

The following statement indicates the approach used by the writer in an attempt to gain the cooperation of the students.

#### Introductory Statement to Students

As you have been told, I am a graduate student at Boston University. For this reason I am interested in students and very much aware that all students have problems. Having attended this School of Nursing, I am interested in you in particular. It seems that wherever there are people there are problems of all sorts to be faced, and schools of nursing are certainly no exception. Instructors and super-

In March 1951 the schools were revisited. After a meeting with the faculties in which the purpose and procedure of the survey were discussed, the school lists were administered to 101 of the students in School A and to the 34 students in

School B.

Participation in the study was entirely voluntary. As School A was not able to provide class time in which the dance could fill out the list, provision was made for the writer to speak to the students for a few minutes at the beginning of a regular class period to explain the purpose of the study and to invite their cooperation. Those students who were not having classes were seen in their line off duty on an appointed day. The students in School B were given a class period in which to fill out the school lists.

The following statement indicates the approach used by the writer in an attempt to gain the cooperation of the students.

Introduction of Student to Study

As you have been told, I am a graduate student at London University. For this reason I am interested in dance and very much aware that all students have problems. Having attended this School of A again, I am interested in you in particular. It seems that wherever there are people there are problems of all sorts to be faced, and schools of music are certainly no exception. Teachers and super-



visors are aware of this, but they can better meet our needs if they know what our problems really are. We are the only people who can supply that information.

All nurses today are familiar with the phrase "the patient as a person." Nurses as well as patients are people and we too have emotional, social and economic problems. It seems only logical to assume that if we are to understand the patient's problems, we must first be able to understand and cope with our own.

In order to determine your greatest needs, a survey is being undertaken in this school. The method which has been selected to uncover your problems is a Problem Check List. Form for schools of nursing. Miss Morison, a nurse vitally interested in the welfare of students, devised this list from the most frequently reported problems of 500 nursing students in the United States. As you will notice, the directions state that this is not a test. It is a list of troublesome problems which often face students in nursing schools--problems of health, social life, studying and the like. You are asked to go through the list, picking out the problems which are of concern to you, indicating those which are of most concern and making a brief summary interpretation in your own words. More specific directions are given on the front of the form. In order that you may feel completely free when filling in the list, please do not fill in your name, only your age and class.

visions are aware of this, but they can better meet our needs  
if they know what our problems really are. We are the only  
people who can supply that information.

All nurses today are familiar with the phrase "the pa-  
tient as a person." Nurses as well as patients are people  
and we too have emotional, social and economic problems.  
It seems only logical to assume that if we are to understand  
the patient's problems, we must first be able to understand  
and cope with our own.

In order to determine your greatest needs, a survey is  
being undertaken in this school. The method which has been  
selected to uncover your problems is a Problem Check List.  
Form for schools of nursing. Miss Morrison, a nurse actively  
interested in the welfare of students, devised this list from  
the most frequently reported problems of 500 nursing students  
in the United States. As you will notice, the directions  
state that this is not a test. It is a list of trouble-  
some problems which often face students in nursing schools.  
Problems of health, social life, studying and the like. You  
are asked to go through the list, picking out the problems  
which are of concern to you, indicating those which are of  
most concern and making a brief summary listed below in  
your own words. Your specific directions are given on the  
back of the form. In order that you may feel completely  
free when filling in the list, please do not fill in your  
name, only your age and class.



I would like to invite your cooperation in this project- if you are interested and wish to participate, please take one of the forms, fill it in and return it sealed in the accompanying envelope before \_\_\_\_\_ of this week, to the office of the secretary where I will pick it up. I assure you that I will be the only person to see the check lists and the report which is sent back to the school will have no reflection on any individual. When you are filling out the form, please be honest with yourself and check the problems which are really troubling you. This is going to be a cooperative project- you fill out the list and I will summarize the findings and send a report to you and to the school, which by locating the most prevalent problems expressed by this group could be used as a guide to new developments, and in revisions of the curriculum and administrative program. You have been given an opportunity to express yourself and I am certain that the faculty are most interested in what you have to say. Are there any questions which you would like to ask?

Thank you all for your attention.

#### Return of the Check Lists

The students were asked to return the lists within two days if possible, to a box provided for the purpose in the office of the secretary. Of the total of 163 forms returned (63.9 per cent) all but 13 of these were returned within the

I would like to advise your cooperation in this project-

if you are interested and wish to participate, please take

one of the forms, fill it in and return it signed in the

accompanying envelope before \_\_\_\_\_ of this week, to

the office of the secretary where I will pick it up.

Assure you that I will be the only person to see the report

list, and the report which is sent back to the school will

have no reflection on any individual. When you are filling

out the form, please be honest with yourself and check the

problem which are really troubling you. This is going to

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velopments, and in revision of the curriculum and in in-

structive program. You have been given an opportunity to ex-

press yourself and I am certain that the faculty are most

interested in what you have to say. Are there any questions

which you would like to ask?

Thank you for your attention.

Respectfully,  
Hector of the Black House

The students were asked to fill out the form within two

days if possible, to a box provided for the purpose in the

office of the secretary. If the total of 100 forms returned

(50.2 per cent) all but 13 of these were returned within two



allotted time. The percentage of returns by classes are found in Tables II and III.

Table II. Number and Percentage of Returns from School A.

Class	Number in Class	No. Dis- tributed	Number Returned	Percentage Returned
1954 A	52	50	41	82.0
1953 B	52	28	16	57.1
1953 A	41	32	21	65.6
1952 B	63	60	20	33.3
1952 A	36	31	20	64.5
1951 B	59	31	21	67.7
Total	303	232	139	60.12

Table III. Number and Percentage of Returns from School B.

Class	Number in class	No. Dis- tributed	Number Returned	Percentage Returned
1955	6	6	6	100
1954	4	4	4	100
1953	5	5	5	100
1952	9	9	9	100
Total	24	24	24	100

There was a 60 per cent return by the students in School A and a 100 per cent return by the students in School B. In School A the preclinical students who had been in the school for only a period of six weeks participated most freely while the class of 1952 B participated the least.





## CHAPTER III

### ANALYSIS OF THE DATA

In this chapter the data assembled from the problem check lists has been analyzed and is presented according to: the areas in which the majority of problems were found and the items within these areas which were causing concern in both schools and in all years; the reactions of the students to the summarizing questions at the end of the form; the patterns of problems reported by some of the individual students.

#### Analysis of the Problem Areas

##### Number and Range of Problems Marked

The 163 students from both schools marked 5857 items, an average of 35.87 per student. This average differed remarkably little between the two groups- the students in School A marking an average of 36.04 and those in School B marking an average of 35 items per student.

Of the 5857 items underlined, 1449 or almost one quarter were also circled, indicating that they were of most concern. The average number of items circled in both schools was 8.89; 8.88 in School A and 8.91 in School B. Here too is found a striking similarity. It is also interesting to note that these averages are slightly less than those found by Miss Dill in the study made in Boston mentioned previously.





She found the average number of problems underlined to be 38.8<sup>1</sup> and the average number circled to be 11.2.<sup>2</sup> The average number of problems found by Miss Schmitt were also similar- 37.46<sup>3</sup> for the troublesome problems and 9.08<sup>4</sup> for those of most concern.

The range of problems in the two schools varied considerably however. In School A the students underlined from 4 to 111 items and circled from 0 to 45. In School B from 14 to 82 items were underlined and from 0 to 25 were circled.

#### Rank Order of Problem Areas Underlined and Circled.

##### In School A.

Over fifty per cent of the problems underlined by the students in this school fall into only five of the thirteen areas on the check list. More problems were marked in the area of Social and Recreational Activities than in any other. Of the total of 5017 items underlined by the students in School A, 558 or 11.1 per cent, fell into this area. The other four areas arranged in rank order were: Adjustment to the School of Nursing, Adjustment to the Administration of Nursing Care, Health and Physical Development and Personal-

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<sup>1</sup>Dill, op. cit., p. 15.

<sup>2</sup>Ibid., p. 16.

<sup>3</sup>Schmitt, op. cit., p. 34.

<sup>4</sup>Ibid., p. 35.





### Psychological Relations.

The areas underlined the least by the group as a whole and by the classes were: Courtship, Sex and Marriage, Morals and Religion and Home and Family. The significance of this could only be determined by further study.

Figure 1 may be used to note the differences in the depth of concern in the major problem areas as determined from the problems underlined in relation to those circled. Although more items were underlined in the area of Social and Recreational Activities, the students expressed more concern over the Adjustment to the School of Nursing, circling 166 items or 13 per cent of the total. Over fifty per cent of the problems of most concern fell into only five areas. Including the Adjustment to the School of Nursing, these were in descending order of rank: Social and Recreational Activities, Finances and Living Conditions, Health and Physical Development and Adjustment to the Administration of Nursing Care.

Less than ten per cent of the number circled by the entire group and by each class fell into the areas of Home and Family, Courtship, Sex and Marriage and Morals and Religion.

### In School B.

Fifty per cent of all problems underlined by students in School B were in the areas of Social and Recreational



CO

100

BOND

EFFICIENCY

W. E. & CO

100

EFFICIENCY BOND



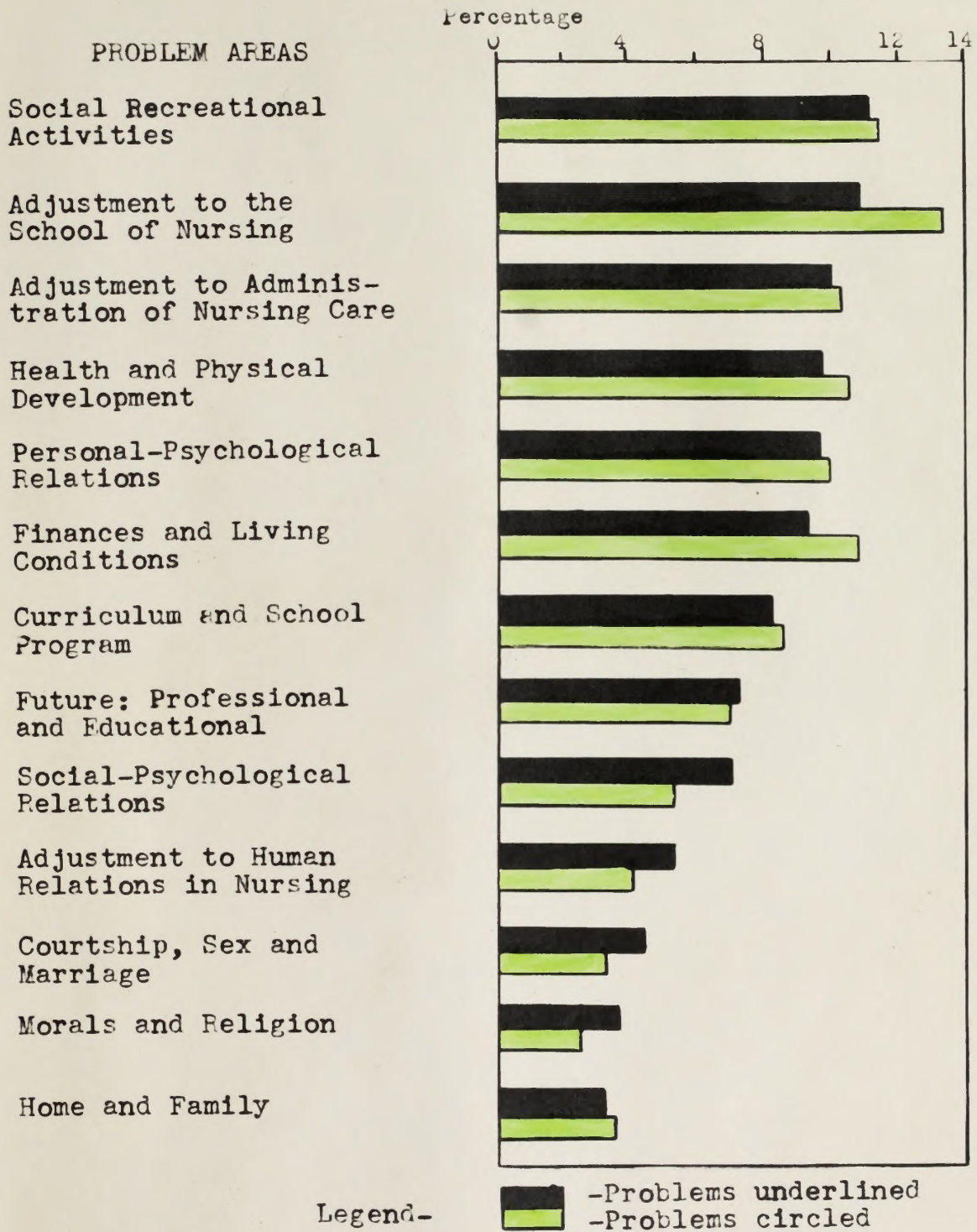


FIGURE 1

SCHOOL A- PERCENTAGE OF ITEMS UNDERLINED AND CIRCLED  
IN RANK ORDER OF TOTAL NUMBER OF PROBLEMS UNDERLINED





Activities, Finances and Living Conditions, Personal-Psychological Relations, Adjustment to the Administration of Nursing Care and Curriculum and School Program. As in School A, the greatest number of problems underlined were in the areas of Social Recreational Activities; specifically, 103 of the 840 marked or 12.2 per cent.

Problems in the areas of Morals and Religion and Home and Family constituted less than ten per cent of the total.

The differences in the per cent of problems underlined and circled within the problem areas can be found in Figure 2, on the following page. A startling contrast exists between the area in which the greatest number of problems were underlined and the area which is causing the most concern. More than twice as many problems (18.7 per cent of the total) were circled in the area of Finances and Living Conditions as were circled in any other area. Equal concern was then expressed for problems in Social and Recreational Activities, Personal-Psychological Relations, Curriculum and School Program, Adjustment to the School of Nursing and Health and Physical Development. The percentage of problems circled in each of these areas was 8.9.

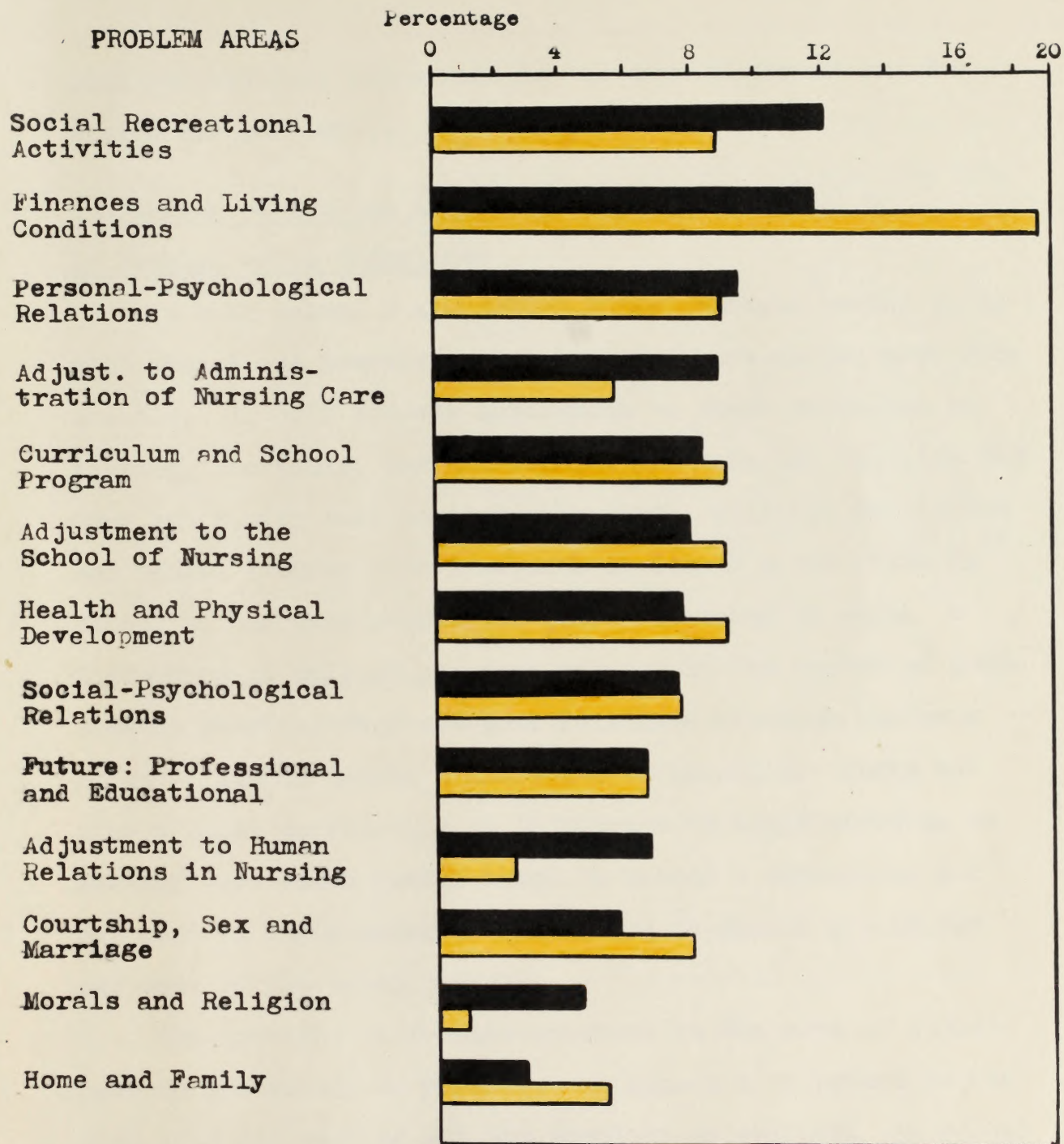
Morals and Religion and Home and Family remained areas of least concern and with the area of Adjustment to Human Relations in Nursing contained less than ten per cent of all the items circled. However, there were more than five times as many problems of concern in the area of Home and Family

Activities, Personal-Psychological, Adjustment to the Administration of  
biological Relations, Adjustment to the Administration of  
Training and Curriculum and School Progress. As in School  
A, the greatest number of problems mentioned were in the  
areas of Social-Personal Activities; specifically, 103  
of the 240 marked or 42.9 per cent.

Problems in the areas of Morals and Religion and Home  
and Family constituted less than ten per cent of the total.  
The differences in the per cent of problems mentioned  
and circled within the problem areas can be found in Table  
2, on the following page. A startling contrast exists be-  
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mentioned and the areas which are circled the most concern-  
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Activities, Personal-Psychological Relations, Adjustment to  
Training and Curriculum and School Progress. As in School  
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of the 240 marked or 42.9 per cent.

Morals and Religion and Home and Family remained areas  
of least concern and with the areas of Adjustment to the  
Administration of Training and Curriculum and School Progress  
the least circled. However, there were more than five times  
as many problems of concern in the areas of Personal-Psychological





Legend

■ - Problems underlined  
 ■ - Problems circled

Source

Table 2 in Appendix

FIGURE 2

SCHOOL B- PERCENTAGE OF ITEMS UNDERLINED AND CIRCLED  
IN RANK ORDER OF TOTAL NUMBER OF PROBLEMS UNDERLINED.





(5.1 per cent) as there were in the area of Morals and Religion (.9 per cent).

### Comparison of Problem Areas in School A and School B

#### By Problem Areas Underlined

In both School A and School B the problems having to do with Social and Recreational Activities were marked most frequently. In both schools Adjustment to Human Relations in Nursing, Courtship, Sex and Marriage, Morals and Religion and Home and Family were consistently last. Although Curriculum and School Program ranked seventh in School A and fifth in School B, the same percentage (8.1) was found in each. A difference of only .3 per cent existed in the number of problems in Personal-Psychological Relations although the area ranked fifth in School A and third in School B. There was also a close correlation in Adjustment to Administration of Nursing Care which ranked third in School A containing 9.9 per cent of their problems and fourth in School B with 8.8 per cent of the total number.

The greatest difference occurred in the area of Adjustment to the School of Nursing. In School A it ranked second with 10.9 per cent of all the problems underlined. In School B it was sixth and contained 7.3 per cent of the problems. Although Finances and Living Conditions ranked sixth in School A and second in School B, there was less difference in the percentage of problems marked: 9.2 per cent in the former

(5.1 per cent) as there were in the area of Hotels and Restaurants (4.6 per cent).

Comparison of Problem Areas in School A and School B

By Problem Areas Underlined

In both School A and School B the problems having to do with Social and Recreational Activities were ranked most frequently. In both schools Adjustment to Human Relations in Nursing, Community, Sex and Marriage, Mental and Religious Home and Family were consistently last. Although Underlying and School Program ranked seventh in School A and fifth in School B, the same percentage (5.1) was found in each. A difference of only .5 per cent existed in the number of problems in Personal-Psychological Relations although the area ranked fifth in School A and third in School B. There was also a close correlation in Adjustment to Administration of Nursing Care which ranked third in School A containing 5.5 per cent of total problems and fourth in School B with 5.3 per cent of the total number.

The greatest difference occurred in the area of Adjustment to the School of Nursing. In School A it ranked second with 10.5 per cent of all the problems underlined. In School B it was sixth and contained 7.5 per cent of the problems. Although Physical and Living Conditions ranked sixth in School A and second in School B, there was less difference in the percentage of problems underlined: 5.5 per cent in the former



and 11.8 per cent in the latter. Students in School A marked 9.7 per cent of their problems in Health and Physical Development ranking it fourth, while the students in School B marked 7.5 per cent of their problems in this area and ranked it seventh.

On analysis it is evident that there are comparatively few differences in the number of problems underlined by the students of the two schools. The rank order of the first and the last four problem areas remained constant while the greatest change in rank order which occurred was a shift from second to sixth position and vice versa.

#### By Problem Areas Circled

The rank order of the problem areas according to the number of items causing the most concern remained constant for four areas, the second- Social Recreational Activities, the tenth- Adjustment to Human Relations in Nursing, the eleventh- Home and Family and the twelfth- Morals and Religion. The percentage of the total number of problems marked in these areas differed by 2.4 per cent in the first and 1.6 per cent in the other three. The higher percentage was in School A for the first and the fourth and in School B for the second and third of these. There was also a 1.6 per cent difference in Health and Physical Development which shifted from fourth position in School A to sixth position in School B.

Future: Professional and Educational, which was eighth

and 11.8 per cent in the latter. Students in School A ranked 9.7 per cent of their problems in Health and Physical Development ranking 15 fourth, while the students in School B ranked 7.5 per cent of their problems in this area and ranked 17 seventh.

On analysis it is evident that there are comparatively few differences in the number of problems undertaken by the students of the two schools. The rank order of the first and the last four problem areas remained constant while the greatest change in rank order which occurred was a shift from second to fifth position and vice versa.

By Problem Areas Cited

The rank order of the problem areas according to the number of items covering the most common remained constant for four areas, the general - social, recreational, activities, the teacher - adjustment to human relations in general, the relationship - home and family and the twelfth - habits and hygiene. The percentage of the total number of problems solved in these areas differed by 2.4 per cent in the first and 1.8 per cent in the other three. The slight percentage was in School A for the first and the fourth and in School B for the second and third of these. There was also a 1.5 per cent difference in Health and Physical Development which ranked fourth in position in School A to fifth position in School B. Figure: Professional and Educational, which was eighth



in School A and ninth in B, exchanged places with Social-Psychological Relations which was ninth in A and eighth in B. The difference in percentage was only .4 in the former and 2.2 in the latter.

Although Personal-Psychological Relations and Curriculum and School Program changed three places in rank order (from third to sixth and fourth to seventh respectively) there was only a percentage difference of 1.1 and .4 respectively.

A change in percentage of over four occurred in Adjustment to the School of Nursing and Adjustment to the Administration of Nursing Care which shifted in rank order from A to B from first to fifth and from fifth to tenth. The greatest change in percentage, 4.7 per cent, and in rank order, five, occurred in the area of Courtship, Sex and Marriage, which was twelfth in rank order in School A accounting for only 3.2 per cent of the problems of most concern and seventh in School B with 7.9 per cent of these problems.

There is considerably more difference in opinion between the students of the two schools about which problem areas are of the most concern than there was in the total number of problems marked in these areas. In a comparison of the schools by the rank order of the problem areas circled, it was found that four areas retained their rank order, two areas differed by only .4 per cent, and five more differed by less than two per cent. There were four areas in which the percentage differed by over four, two of these changing five





places in rank order.

### Rank Order of Problem Areas in Each Year

#### School A

First Year Students. The average number of problems per student underlined was 7.6 and circled was 8.3. The average age of the first year students was 19.5. Over fifty per cent of their problems fell into the areas of Adjustment to the School of Nursing, Social Recreational Activities, Health and Physical Development and Personal-Psychological Relations. As might be expected, they also circled the largest number of problems in the area of Adjustment to the School of Nursing, over eight per cent more in fact than in any other area. Health and Physical Development was second in rank order according to the number of problems circled.

Second Year Students. An average of 45.1 problems were underlined and 9.7 problems were circled by each student in the second year. The average age for this group was 20. Five areas contained over fifty per cent of their problems. These were in rank order of the number underscored: Social Recreational Activities, Adjustments to the Administration of Nursing Care, Personal-Psychological Relations, Curriculum and School Program and Finances and Living Conditions. The largest number of items causing real concern to these students however, had to do with Finances and Living Conditions. This was followed by their Adjustment to the Administration of Nursing

placed in rank order.

Rank Order of Problems among the Boys

Table 1

First Year Statistics. The average number of problems per student indicated was 7.8 and selected was 8.2. The average of the first year statistics was 19.8. Over fifty per cent of their problems fell into the group of adjustment, health, school of learning, social recreational activities, and physical development and personal-psychological relations. As might be expected, they also cited the largest number of problems in the area of adjustment to the school of learning, over eight per cent more in fact than in any other area. Health and physical development was second in rank order according to the number of problems cited.

Second Year Statistics. An average of 11.1 problems were

indicated and 7.7 problems were cited by each student in the second year. The average age for this group was 10. Five years completed over fifty per cent of first graders. There were in rank order of the number indicated: school of learning, adjustment to the school of learning, health, personal-psychological relations, recreation and physical development and living conditions. The largest number of these coming from second to third grade was, however, not to be with interest and living conditions. It is the following by their ranking and to the satisfaction of learning



Care, the Curriculum and School Program and then Social Recreational Activities.

Third Year Students. These students whose average age was 20.9 underlined an average of 38.1 and circled an average of 8.9 problems each. The areas in which they located over fifty per cent of their problems were: Adjustment to the Administration of Nursing Care, Finances and Living Conditions, Social Recreational Activities, Curriculum and School Program, Health and Physical Development and the Future: Professional and Educational. More problems were circled in the area of Finances and Living Conditions than in any other. They then expressed most concern over problems in Adjustment to the Administration to Nursing Care, Social Recreational Activities, Curriculum and School Program and Personal-Psychological Relations.

#### Comparison of Problem Areas in the Three Years

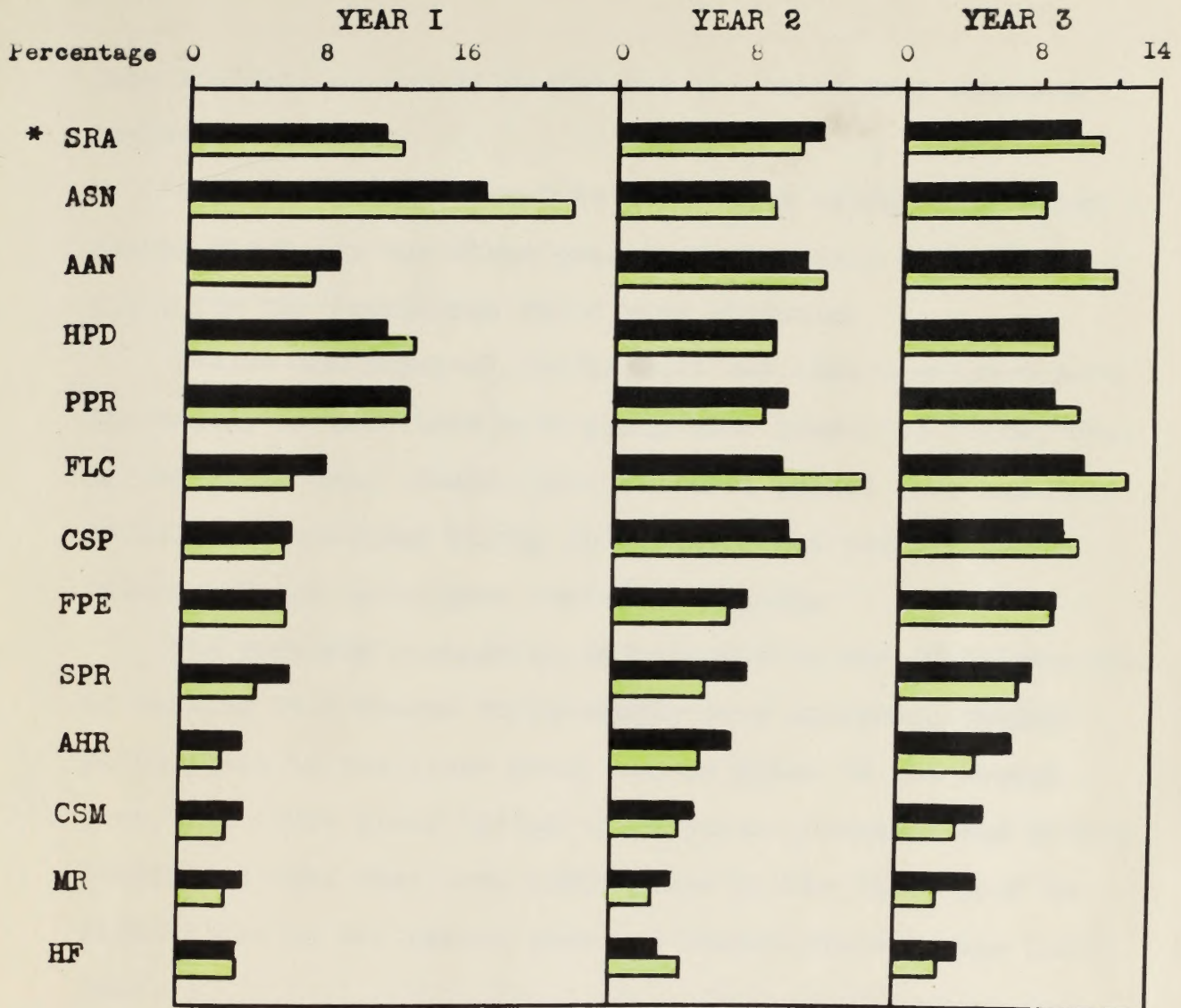
By a comparison of the problem areas underlined and circled by each year it is possible to determine the particular areas needing emphasis in order to assist the students in making more satisfactory adjustments. This distribution of emphasis is illustrated in Figure 3, on the following page.

##### a. By Problem Areas Underlined

Although there were more problems underlined by the group as a whole in the area of Social Recreational Activities, it was ranked first by only the second year students. The first







Legend-  - Problems underlined  
 - Problems circled

Source- Tables 3,4, and 5 in Appendix

\* - Code Symbols explained on Page 15

FIGURE 3

SCHOOL A- COMPARISON OF CLASSES BY PERCENTAGE OF PROBLEMS  
UNDERLINED AND CIRCLED ACCORDING TO RANK ORDER OF TOTAL  
NUMBER OF PROBLEMS UNDERLINED BY ENTIRE GROUP





year students ranked it second and the third year students ranked it third.

The area of Adjustment to the School of Nursing, which ranked first for the first year students, fell to seventh place for the second and third year students.

Health and Physical Development was also mentioned more frequently by the first year group (who ranked it third) than by the other two. Second year students ranked Personal-Psychological Relations third, while the first year ranked it fourth and the third year ranked it eighth.

The problems concerning Adjustments to the Administration of Nursing Care became increasingly more numerous, taking fifth place in the first year, second place in the second year, and first place in the third year. Finances and Living Conditions also rose from sixth place in the first year to fifth place in the second year and second place in the first year.

Social-Psychological Relations ranked seventh in the first year and ninth in the other two. However, the next area, Curriculum and School Program which was ninth in the first year, was ranked fourth by the second and third year students.

As would be expected, the third year students had more problems concerning the future than the other two groups although they ranked the area only sixth. It ranked eighth in the second year and ninth in the first year.





Courtship, Sex and Marriage ranked eleventh in each year and Home and Family last. Morals and Religion, which ranked tenth in the first year and twelfth in the other two, changed places with Adjustment to Human Relations in Nursing.

b. By Problem Areas Circled

The changes in rank order of the problem areas according to the number of problems circled were rather few. There was a marked consistency in the ranking of the areas by the second and third years, indicating that their problems were similar in nature. In both groups the problems of Finances and Living Conditions held first place while those concerned with their Adjustment to the Administration of Nursing Care were second.

It is also worth noting that although Social and Recreational Problems were the most numerous, they did not constitute the problems about which the students were most concerned. In this ranking they were third for the first and third years and fourth for the second year students.

Rank Order of Problem Areas in Each Year of School B

First Year Students. The average number of problems underlined and circled by these students were 26.7 and 8.2 respectively. Their average age was 19.5 years. Two problem areas contained both the largest number of problems and those about which they were most concerned. These were Adjustment to the School of Nursing and Health and Physical Development,





the former containing the largest number underscored and the latter the largest number circled.

The areas of least concern to all students in this year were Curriculum and School Program, and Morals and Religion.

Second Year Students. The average age of the students in their second year was 19.7 years. They underscored an average of 36.2 and circled an average of 6.5 problems each. The areas in which the largest number of these problems were located were Adjustment to the School of Nursing, Social Recreational Activities, Social-Psychological Relations and Personal-Psychological Relations respectively. However, in rank order of the problem areas with which they were most concerned, Personal-Psychological Relations was first, followed by Adjustment to the School of Nursing, Social-Psychological Relations and Courtship, Sex and Marriage. Few problems were underlined or circled in the areas of Future: Professional and Educational or Home and Family.

Third Year Students. The average number of problems underscored was 26.5 of which an average of 5.2 were also circled. The ages of these students averaged 21.4. The first two areas in rank order of the number of problems underlined were Social Recreational Activities and Personal-Psychological Relations. However, twice as many problems were of real concern in the area of Personal-Psychological Relations than in any other. They also expressed more concern over the future and the problems in Courtship, Sex and Marriage than they did







problems in Social Recreational Activities.

Fourth Year Students. The average number of problems underlined by the fourth year students was 52.7; the average number circled was 13.2. Their ages averaged 22.3 years. Items in the area of Finances and Living Conditions were consistently underscored and circled most frequently. Social Recreational Activities ranked second as far as the total number of items underlined but Curriculum and School Program held this rank according to the number of problems about which they were really concerned. Adjustment to the Administration of Nursing Care ranked fourth in both the number circled and the number underlined.

#### Comparison of Problem Areas in the Four Years

A comparative graph of the problem areas underlined and circled by each of the four years in School B is shown in Figure 4, on the following page. This helps to clarify the periods of adjustment which are most difficult for each group.

##### a. By Problem Areas Underlined.

Third year students in School B underlined the smallest average number of items of any class in either school. The largest average number of problems was underlined by the fourth year students in the same school. The area of Social and Recreational Activities which contained the largest number of problems for the entire group, was ranked first by the third year students, second by the students in their second year and fourth year, and third by the first year students.

## Problems in Social Recreational Activities.

Fourth Year Students. The average number of problems

undertaken by the fourth year students was 22.7; the average

number of problems was 12.8. Their ages averaged 19.5 years.

Items in the area of knowledge and living conditions were

consistently understood and cited most frequently. Social

recreational activities ranked second as far as the total

number of items undertaken and cited in the school program

held this year according to the number of problems about which

they were really concerned. Adjustment to the Administration

of Nursing Care ranked fourth in both the number cited and

the number undertaken.

## Comparison of Problems in the Fourth Year

A comparative graph of the problems was undertaken and

cited by each of the four years in School B is shown in

Figure 4, on the following page. This helps to clarify the

periods of adjustment which are most difficult for each group.

## a. By Problem Area Categorized.

Third year students in School B undertaken the greatest

average number of items of any class in either school. The

largest average number of problems was undertaken by the

fourth year students in the same school. The area of social

and recreational activities which contained the largest num-

ber of problems for the entire group, was ranked first by the

third year students, second by the students in their school

year and fourth year, and third by the first year students.



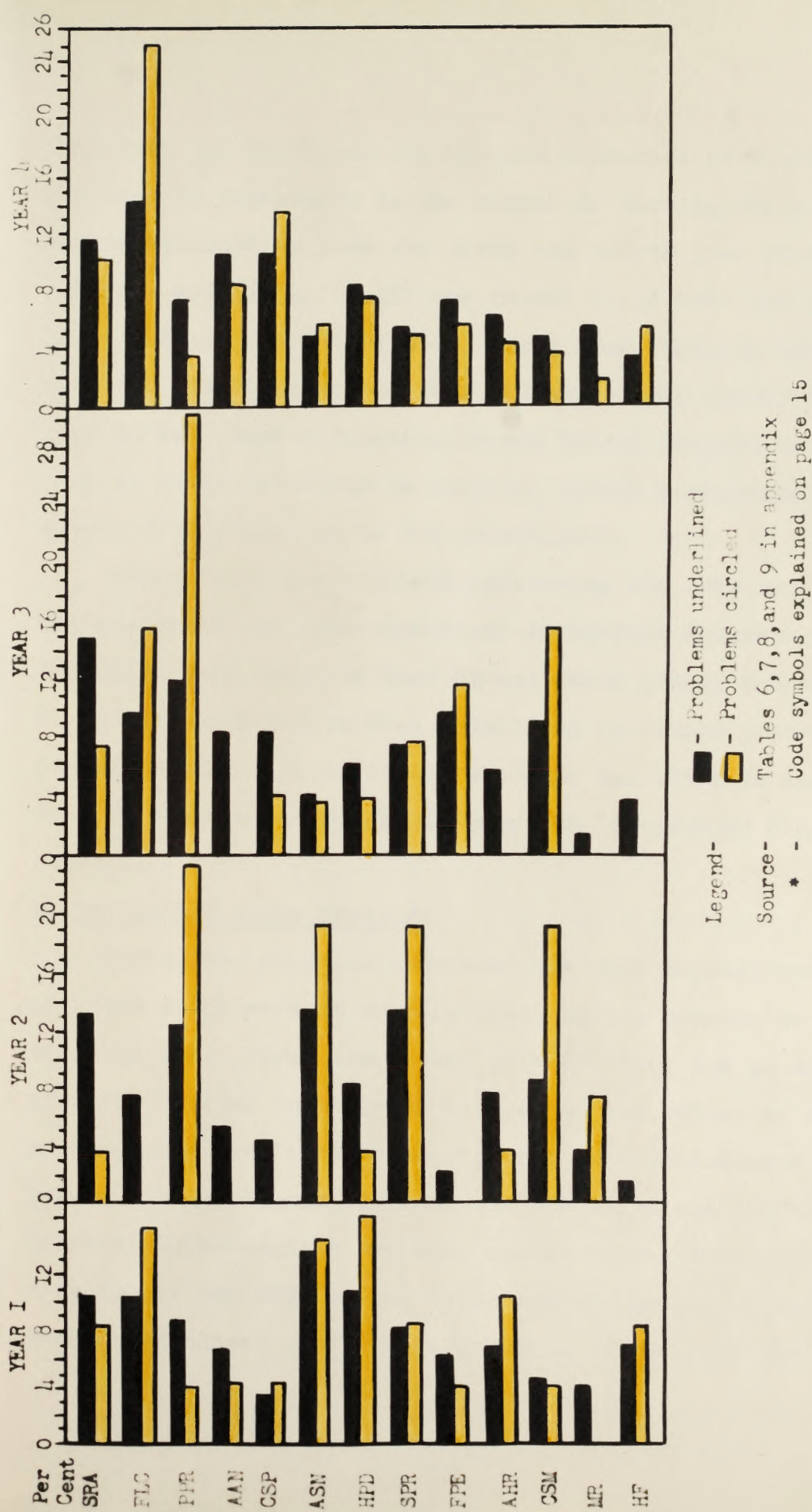


FIGURE 4

SCHOOL B - COMPARISON OF CLASSES BY PERCENTAGE OF PROBLEMS UNDERLINED AND CIRCLED  
ACCORDING TO RANK ORDER OF TOTAL NUMBER OF PROBLEMS UNDERLINED BY ENTIRE GROUP





The first two years had the largest number of problems in the area of Adjustment to the School of Nursing which was ranked eleventh by both the third and fourth year students. Finances and Living Conditions ranked first with the fourth year students, second with the third year students and third with the first and second year students. The number of problems in the areas of Curriculum and School Program and Adjustment to Human Relations in Nursing, showed a progressive increase from the first to the fourth year.

There were more problems concerning the Home and Family and Adjustment to Human Relations in Nursing underscored by the first year students than by any other group, and more in Morals and Religion were underlined by fourth year students. Second and third year students had twice as many problems in the area of Courtship, Sex and Marriage as did the others.

b. By Problem Areas Circled.

First year students expressed the most concern over health problems which were of comparatively little concern to the other groups. First and second year students had as many problems related to their adjustment to the School of Nursing as the third and fourth year students were having with the Curriculum and School Program. In the third and fourth years Personal-Psychological Problems ranked first, constituting over thirty per cent of the total number circled by the former and almost twenty-five per cent of those by the latter.

The first two years had the largest number of problems in the area of adjustment to the school of nursing which was ranked eleventh by both the third and fourth year students. Finance and Living Conditions ranked first with the fourth year students, second with the third year students and third with the first and second year students. The number of problems in the areas of Geriatrics and School Program and Adjustment to Human Relations in nursing, showed a progressive increase from the first to the fourth year.

There were more problems concerning the home and family and adjustment to human relations in nursing underscored by the first year students than by any other group, and more in morals and religion were underlined by fourth year students. Second and third year students had twice as many problems in the area of Geriatrics, Sex and Marriage as did the others.

#### 5. The Problem Areas Classified

First year students experienced the most concern over health problems which were of comparatively little concern to the other groups. First and second year students had as many problems referred to their adjustment to the school of nursing as the third and fourth year students were having with the Geriatrics and School Program. In the third and fourth years Personal-Psychological Problems ranked first, constituting over thirty per cent of the total number cited by the women and almost twenty-five per cent of those by the latter.



Third and fourth year students were much more concerned with problems of Finances and Living Conditions. In the fourth year, these constituted over a quarter of all the problems circled.

Four areas predominated noticeably in only one year, in which they were circled more than twice as frequently. In the first year it was the Adjustment to Human Relations in Nursing and in the second, Social-Psychological Relations. Problems about the future were outstanding in the third year and in the fourth year, there were more difficulties in the Adjustment to the Administration of Nursing Care.

Second and third year students had four times as many Courtship, Sex and Marriage Problems of real concern as did the first and fourth year students who in turn had at least five times as many Home and Family Problems. Only the second year students had many problems of Morals and Religion and they were the group least concerned with Social and Recreational Problems which had approximately a consistent rating in the other three years.

#### Analysis of the Items Within the Problem Areas

By examining the items checked most frequently by the students, it is possible to see just which problems are the most prevalent. These are presented in the tables on the following pages. The items underlined by 25 per cent or more of the students in School A are shown in Table IV and of School

Third and fourth year students were much more concerned with problems of adjustment and living conditions. In the fourth year, these constituted over a quarter of all the problems cited.

Four areas predominated noticeably in only one year, in which they were cited more than twice as frequently. In the first year it was the adjustment to human relations in training and in the second, Social-psychological relations. Problems about the future were outstanding in the third year and in the fourth year, there were more difficulties in the adjustment to the administration of nursing care.

Second and third year students had four times as many difficulties, sex and marriage problems of real concern as did the first and fourth year students who in turn had at least five times as many home and family problems. Only the second year students had many problems of morale and religion and they were the group least concerned with Social and psychological problems which had approximately a constant rating in the other three years.

#### Analysis of the Items Within the Problem Areas

By examining the items checked most frequently by the students, it is possible to see just which problems are the most prevalent. These are presented in the table on the following page. The items mentioned by 25 per cent or more of the students in School I are shown in Table IV and of School



B in Table V. The items of real concern circled by 10 per cent or more are listed in Table VI for both schools.

In School A, 36 items were marked by 25 per cent or more of the students. Of these, 21 were circled by at least 10 per cent. Twenty-five per cent of the students in School B marked 43 common items, of which 19 were also circled by at least 10 per cent. Three additional items were circled by over 10 per cent but not underlined by a quarter of the students.

Twenty-five per cent of the students in both schools underlined 22 common items, nine of which were circled by at least 10 per cent. Of these nine common and important problems, four, having to do with the lack of outside air, financial dependence on the family, the lack of self-confidence and worry over examinations are frequently reported by other students in this age group. The other five, directly related to the schools of nursing, were: "not enough time for recreation," "too little credit given for good nursing care," "not being trusted outside the Nurses' Home," and "Director of Nurses lacks understanding of students."

The two common problems marked by over fifty per cent of the students in both schools were: "not getting enough outdoor air and sunshine" and "not being trusted outside the Nurses' Home."

In Table V. The items of real concern elicited by 10 per cent or more are listed in Table VI for both schools. In School A, 28 items were marked by 25 per cent or more of the students. Of these, 11 were elicited by at least 10 per cent. Twenty-five per cent of the students in School B marked 23 common items, of which 12 were also elicited by at least 10 per cent. Three additional items were elicited by over 10 per cent but not included by a quarter of the students.

Twenty-five per cent of the students in both schools underlined 23 common items, nine of which were elicited by at least 10 per cent. Of these nine common and important items, four, having to do with the lack of outside air, the natural dependence on the family, the lack of self-confidence and worry over examinations are frequently reported by other students in this age group. The other five, directly related to the schools of nursing, were: "not enough time for recreation," "too little or no given for good nursing care," "not being trusted outside the hospital home," and "director of nursing lacks understanding of students."

The two common problems marked by over fifty per cent of the students in both schools were: "not getting enough outdoor air and sunshine" and "not being trusted outside the hospital home."



Table IV. Rank Order of Problems Underlined Most Frequently  
by 139 Students in School A.

Problems Underlined	No. of Students
<u>By One Half or More</u>	
* Not getting enough outdoor air and sunshine. . . .	101
* Not being trusted outside the Nurses' Home . . . .	73
<u>By One Third or More</u>	
* Too little time sports . . . . .	67
* Too tired from nursing duties to study . . . . .	67
Off-duty time not scheduled so one can plan for it	66
* Director of Nurses lacks understanding of students	62
* Not enough time for recreation . . . . .	59
* Not enough sleep . . . . .	57
* Lacking self-confidence. . . . .	57
Unable to concentrate well . . . . .	57
* Worrying about examinations. . . . .	56
Fear failure in School of Nursing. . . . .	55
* Disliking financial dependence on family . . . . .	54
Too little chance to know patient as a "whole" . .	52
Infrequent all night or late permits . . . . .	51
School too indifferent to students' problems . . .	51
* Can't seem to please some supervisors. . . . .	51
* Afraid of making mistakes. . . . .	49
* Too little credit given for good nursing care. . .	47
Don't know how to study effectively. . . . .	46
<u>By One Quarter or More</u>	
* Failing to organize my work well . . . . .	45
Unable to express myself in words. . . . .	43
* Too much discipline in the Nurses' Home. . . . .	41
* Inability to remain awake in class . . . . .	41
* Tiring of the same meals all the time. . . . .	40
* Unable to lead a well-rounded life . . . . .	39
* Moodiness, having the "blues". . . . .	38
Getting home too seldom . . . . .	38
* Tiring very easily . . . . .	37
* Taking things too seriously. . . . .	37
Nervousness . . . . .	37
Wondering if I'll be a success in life . . . . .	37
Afraid to speak up in class discussions. . . . .	36
Supervisors not trusting us enough . . . . .	36
* Too little chance to enjoy art or music. . . . .	35
Wanting a more pleasing personality. . . . .	35

\* Items also checked by 25 per cent or more in School B.





Table V. Rank Order of Problems Underlined Most Frequently  
by 24 Students in School B.

Problems Underlined	No. of Students
<u>By One Half or More</u>	
* Not getting enough outdoor air and sunshine. . . . .	16
* Not being trusted outside the Nurse's Home . . . . .	12
* Too much discipline in the Nurse's Home. . . . .	12
* Too little chance to enjoy art or music. . . . .	12
<u>By One Third or More</u>	
* Can't seem to please some supervisors. . . . .	11
* Disliking financial dependence on family . . . . .	10
* Too little time for sports . . . . .	10
Too little chance to read what I like. . . . .	10
* Worrying about examinations. . . . .	10
Too much repetition of some topics . . . . .	10
Dislike caring for demanding patients. . . . .	10
Seniority rule carried too far . . . . .	10
* Tiring very easily . . . . .	9
* Tiring of the same meals all the time. . . . .	9
* Not enough time for recreation . . . . .	9
* Taking things too seriously. . . . .	9
Wanting to get out of school and on my own . . . . .	9
* Failing to organize my work well . . . . .	9
* Not enough sleep . . . . .	8
* Unable to lead a well-rounded life . . . . .	8
Too little chance to do what I want to do. . . . .	8
Too much work required in some courses . . . . .	8
* Inability to remain awake in class . . . . .	8
* Too little credit given for good nursing care. . . . .	8
<u>By One Quarter or More</u>	
Lacking a place to entertain friends . . . . .	7
* Moodiness, having the "blues". . . . .	7
* Afraid of making mistakes. . . . .	7
* Lacking self-confidence. . . . .	7
Having too many subjects at one time . . . . .	7
Dull classes . . . . .	7
* Too tired from nursing duties to study . . . . .	7
Nursing care assignments unevenly distributed. . . . .	7
Too little money for clothes . . . . .	6
Having less spending money than others . . . . .	6
Living conditions don't provide "home environment"	6
Missing former social life . . . . .	6
Speaking or acting before I think. . . . .	6
Feeling inferior . . . . .	6
Tend to complain too much. . . . .	6
Worrying about unimportant things. . . . .	6

Table V. Rank Order of Teachers Estimated Most Frequently by 76 Students in School A.

Teachers Estimated		No. of Students
<u>By the School Boys</u>		
1	Mr. [Name]	15
2	Mr. [Name]	12
3	Mr. [Name]	12
4	Mr. [Name]	12
5	Mr. [Name]	12
6	Mr. [Name]	12
7	Mr. [Name]	12
8	Mr. [Name]	12
9	Mr. [Name]	12
10	Mr. [Name]	12
11	Mr. [Name]	12
12	Mr. [Name]	12
13	Mr. [Name]	12
14	Mr. [Name]	12
15	Mr. [Name]	12
16	Mr. [Name]	12
17	Mr. [Name]	12
18	Mr. [Name]	12
19	Mr. [Name]	12
20	Mr. [Name]	12
21	Mr. [Name]	12
22	Mr. [Name]	12
23	Mr. [Name]	12
24	Mr. [Name]	12
25	Mr. [Name]	12
26	Mr. [Name]	12
27	Mr. [Name]	12
28	Mr. [Name]	12
29	Mr. [Name]	12
30	Mr. [Name]	12
31	Mr. [Name]	12
32	Mr. [Name]	12
33	Mr. [Name]	12
34	Mr. [Name]	12
35	Mr. [Name]	12
36	Mr. [Name]	12
37	Mr. [Name]	12
38	Mr. [Name]	12
39	Mr. [Name]	12
40	Mr. [Name]	12
41	Mr. [Name]	12
42	Mr. [Name]	12
43	Mr. [Name]	12
44	Mr. [Name]	12
45	Mr. [Name]	12
46	Mr. [Name]	12
47	Mr. [Name]	12
48	Mr. [Name]	12
49	Mr. [Name]	12
50	Mr. [Name]	12
51	Mr. [Name]	12
52	Mr. [Name]	12
53	Mr. [Name]	12
54	Mr. [Name]	12
55	Mr. [Name]	12
56	Mr. [Name]	12
57	Mr. [Name]	12
58	Mr. [Name]	12
59	Mr. [Name]	12
60	Mr. [Name]	12
61	Mr. [Name]	12
62	Mr. [Name]	12
63	Mr. [Name]	12
64	Mr. [Name]	12
65	Mr. [Name]	12
66	Mr. [Name]	12
67	Mr. [Name]	12
68	Mr. [Name]	12
69	Mr. [Name]	12
70	Mr. [Name]	12
71	Mr. [Name]	12
72	Mr. [Name]	12
73	Mr. [Name]	12
74	Mr. [Name]	12
75	Mr. [Name]	12
76	Mr. [Name]	12



Table V. Rank Order of Problems Underlined Most Frequently  
by 24 Students in School B.

Problems Underlined	No. of Students
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(Continued)

* Director of Nurses lacks understanding of students	6
Hospital insisting on routine at any price . . . . .	6
Forgetting things. . . . .	6

\* Items also checked by 25 per cent or more in School A

Off-duty time not scheduled so one can plan for it. . . . .	15
* Worrying about examinations . . . . .	12
School too indifferent to students' problems. . . . .	11
Few failures in school of nursing . . . . .	10
* Not enough time for recreation. . . . .	10
Don't know how to study effectively. . . . .	10
* Distressing financial dependence on family. . . . .	10
Unable to express myself in words . . . . .	10
Overworked . . . . .	10
* Too little credit given for good nursing work . . . . .	10
Too little time for sports. . . . .	10
Getting home too seldom . . . . .	10
Failing to organize my work well. . . . .	10

School A (24 Students)

Too much discipline in school . . . . .	8
* Not being treated outside school as human beings. . . . .	7
Living very easily. . . . .	5
* Distressing financial dependence on family. . . . .	5
Doing things too seriously . . . . .	5
Nursing care assignments unevenly distributed . . . . .	5
* Not enough time for recreation. . . . .	5
Speaking or acting before I think . . . . .	5
Having too many subjects at one time. . . . .	5
* Director of Nurses lacks understanding of students. . . . .	5
Don't know how to please some supervisors . . . . .	5
* Not getting enough outdoor air and sunshine . . . . .	5
Getting in debt for nursing expenses. . . . .	5
Having to enter every penny I spend . . . . .	5
Hard to complete too much . . . . .	5
* Lacking self-confidence . . . . .	5
Absence of boy friend . . . . .	5
* Worrying about examinations . . . . .	5
* Too tired from nursing duties to study. . . . .	5
* Too little credit given for good nursing work . . . . .	5
Too little time for sports. . . . .	5
Too much work required in some courses. . . . .	5
* Have nothing to talk about. . . . .	5

Table V. Rank order of students determined from frequency  
of 24 items in school A.

Rank	No. of students	Students
1	1	(continued)

2	1	Director of House for Administration of Students
3	1	Hospital located on campus at any time
4	1	Forgetting things

\* Items also checked by 15 per cent or more in School A

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Table VI. Rank Order of Problems Circled by Ten Per Cent or More of the Students in Both Schools.

Problems Circled	No. of Students
<u>School A (139 Students)</u>	
* Not being trusted outside the Nurses' Home. . . . .	34
* Not getting enough outdoor air and sunshine . . . . .	31
* Director of Nurses lacks understanding of students. . . . .	28
* Lacking self-confidence . . . . .	24
Not enough sleep. . . . .	23
* Too tired from nursing duties to study. . . . .	23
Infrequent all-night or late permits. . . . .	22
Unable to concentrate well. . . . .	22
Off-duty time not scheduled so one can plan for it. . . . .	22
* Worrying about examinations . . . . .	21
School too indifferent to students' problems. . . . .	21
Fear failure in school of nursing . . . . .	20
* Not enough time for recreation. . . . .	20
Don't know how to study effectively . . . . .	19
* Disliking financial dependence on family. . . . .	17
Unable to express myself in words . . . . .	16
Nervousness . . . . .	15
* Too little credit given for good nursing care . . . . .	15
Too little time for sports. . . . .	14
Getting home too seldom . . . . .	14
Failing to organize my work well. . . . .	14
<u>School B (24 Students)</u>	
Too much discipline in Nurses' Home . . . . .	9
* Not being trusted outside Nurses' Home. . . . .	7
Tiring very easily. . . . .	5
* Disliking financial dependence on family. . . . .	5
Taking things too seriously . . . . .	5
Nursing care assignments unevenly distributed . . . . .	5
* Not enough time for recreation. . . . .	4
Speaking or acting before I think . . . . .	4
Having too many subjects at one time. . . . .	4
* Director of Nurses lacks understanding of students. . . . .	4
Can't seem to please some supervisors . . . . .	4
* Not getting enough outdoor air and sunshine . . . . .	3
Going in debt for nursing expenses. . . . .	3
Having to watch every penny I spend . . . . .	3
Tend to complain too much . . . . .	3
* Lacking self-confidence . . . . .	3
Absence of boy friend . . . . .	3
* Worrying about examinations . . . . .	3
* Too tired from nursing duties to study. . . . .	3
* Too little credit given for good nursing care . . . . .	3
Too little time for sports. . . . .	3
Too much work required in some courses. . . . .	3
* Items common to both groups.	







In the following section the items most frequently reported in each area will be discussed according to their relative importance to the students of School A and School B. Only the items underlined by 25 per cent or more have been included in the tables.

### Health and Physical Development

Table VII. Items in the Area of Health and Physical Development Underlined by 25 Per Cent or More of the Students.

Problems	Underlined	Circled
<u>School A (139 Students)</u>		
<u>Not getting enough outdoor air and sunshine. . . . .</u>	101	31
Not enough sleep . . . . .	57	23
Tiring very easily . . . . .	37	11
<u>School B (24 Students)</u>		
<u>Not getting enough outdoor air and sunshine. . . . .</u>	16	3
Tiring very easily . . . . .	9	5
Not enough sleep . . . . .	8	1

The same three problems were consistently underlined most frequently by both groups of students. "Not getting enough outdoor air and sunshine" was underlined by 72 per cent of the students. This is a common problem of most young people. Fifty per cent of the first and second year students in School B who have not yet had a hospital affiliation, also underscored this problem. As in most large hospitals, the residences in School A are located on the hospital grounds and connected by underground tunnels to the main building, contributing further to the problem. Difficulty in adjusting





to an indoor life may be one cause of the problem. However, a study of the free time available in which the student could get outdoors, and an examination of the facilities available are indicated. If the time and facilities are adequate, then motivation or other factors need to be considered. The students who are really concerned with this problem may need to consider for the future, a field of nursing in which there is more opportunity for outdoor life.

Other problems, although not underlined by as many students, may be more important to the individuals concerned. Some of the more frequent of these were: poor complexion, poor teeth, tired feet and menstrual disorders.

#### Finances and Living Conditions

Table VIII. Items in the Area of Finances and Living Conditions Underlined by 25 Per Cent or More of the Students.

Problems	Under- lined	Circled
<u>School A (139 Students)</u>		
Not being trusted outside the Nurses' Home	73	34
Disliking financial dependence on family .	54	17
Infrequent all night or late permits . . .	51	22
Too much discipline in the Nurses' Home. .	41	11
Tiring of the same meals all the time. . .	40	6
<u>School B (24 Students)</u>		
Not being trusted outside the Nurses' Home	12	7
Too much discipline in the Nurses' Home. .	12	9
Disliking financial dependence on family .	10	5
Tiring of the same meals all the time. . .	9	2
Too little money for clothes . . . . .	6	1
Having less spending money than others . .	6	0
Living conditions don't provide "home environment" . . . . .	6	2





"Not being trusted outside Nurses' Home" ranked second on the list of most frequently reported items in both schools, and in School A, it was the problem causing most concern to the largest number of students. It was also the problem mentioned most frequently in the summaries at the end of the Check List. This finding contrasts sharply with that of Miss Schmitt who found the item underscored by only ten students out of a group of 715. This feeling that they are not trusted along with the disciplinary problem in the residence call for further investigation.

The problem of financial dependence upon the family is commonly found among post high school students continuing their education. The university students were a little more concerned with the lack of spending money and money for clothes.

Although some students felt that their diet was not well balanced, a much larger number complained of tiring of the same meals. Institutional meals are many times scheduled in advance following a definite sequence and become monotonous particularly for the students who do not have enough money for additional snacks, restaurant meals and visits home.

The majority of students do not have single rooms but only one student underscored the item "living with unsatisfactory roommates."

#### Social Recreational Activities







Table IX. Items in the Area of Social Recreational Activities  
Underlined by 25 Per Cent or More of the Students.

Problems	Under- lined	Circled
<u>School A (139 Students)</u>		
Too little time for sports. . . . .	67	14
Not enough time for recreation. . . . .	59	20
Unable to lead a well-rounded life. . . .	39	11
Too little chance to enjoy art or music .	35	10
.		
<u>School B (24 Students)</u>		
Too little chance to enjoy art or music .	12	1
Too little time for sports. . . . .	10	3
Too little time to read what I like . . .	10	0
Not enough time for recreation. . . . .	9	4
Unable to lead a well-rounded life. . . .	8	2
Too little chance to do what I want to do	8	2
Lacking a place to entertain friends. . .	7	2
Missing former social life. . . . .	6	2

Most of the real problems in this area are stated to be due to lack of time for extra-curricular activities. This finding seems to indicate the desirability of an investigation into the amount and distribution of time available for recreation along with a review of the amount of guidance desirable to assist the students to develop habits in the worthy use of leisure time. It is important to realize that many of these students have come to a strange city and have become absorbed in the routine of a large hospital. It takes courage and determination for them to venture forth into the community and to find a place within a new group. Too little has been done in schools of nursing to help the students meet other young people their own age and to become at ease socially. Young people today have many attractive fields from which to

Table 1. Trends in the Area of Social Recreational Activities  
Underlined by 25 per cent or more of the students.

Frequency		Interest	
times		times	
School A (1933 elements)			
10	33	Too little chance to enjoy and to study	10
11	33	Unable to find a well-rounded life	11
20	31	Not enough time for recreation	20
21	31	Too little time for sports	21
School B (24 elements)			
1	12	Too little chance to enjoy and to study	1
2	10	Too little time for sports	2
3	10	Too little time to find what I like	3
4	9	Not enough time for recreation	4
5	8	Unable to find a well-rounded life	5
6	8	Too little chance to study and to do	6
7	7	Inability to find a well-rounded life	7
8	6	Too little chance to study and to do	8

most of the real problems in this area are stated to be due to lack of time for extra-curricular activities. This finding seems to indicate the desirability of an investigation into the amount and distribution of time available for recreation along with a review of the amount of time available for study to assist the students to develop habits in the working use of leisure time. It is important to realize that many of these students have come to college with a very poor background in the routine of a large hospital. In fact, many and determination for them to venture forth into the community and to find a place within a new group. Too little has been done in schools of training to help the students meet other young people their own age and to become as well as possible. Young people today have many attractive things to offer



choose, in which it is possible "to lead a well-rounded life." It is essential that we in nursing strive to make our profession likewise in order that we may attract young women who have and who will continue to have well-rounded personalities.

The lack of a place to entertain friends may be related to the item "living conditions don't provide a 'home environment,'" which was marked by a considerable number in the area of Finances and Living Conditions. In relation to this it should be noted that the residences do not provide small informal date rooms or recreation rooms.

#### Social-Psychological Relations

Table X. Items in the Area of Social-Psychological Relations Underlined by 25 Per Cent or More of the Students.

Problems	Under- lined	Circled
<u>School A (139 Students)</u>		
Wanting a more pleasing personality. . .	35	11
<u>School B (24 Students)</u>		
Speaking or acting before I think. . . .	6	4
Feeling inferior . . . . .	6	1
Tend to complain too much. . . . .	6	3

In the area of Social-Psychological Relations, the students were most concerned with developing a more pleasing personality. "Speaking or acting before I think," "feeling inferior," "tend to complain too much" and "shyness" were also frequently reported. These are all problems which should be recognized by the faculty and an attempt made to help the





students concerned. Too frequently it is the shy quiet student who is considered the "good" student, while in reality she may be the most maladjusted student in the school.

### Personal-Psychological Relations

Table XI. Items in the Area of Personal-Psychological Relations Underlined by 25 Per Cent or More of the Students.

Problems	Under- lined	Circled
<u>School A (139 Students)</u>		
Lacking self-confidence. . . . .	57	24
Afraid of making mistakes. . . . .	49	13
Moodiness, having the "blues". . . . .	38	8
Taking things too seriously. . . . .	37	15
Too self-centered. . . . .	37	9
<u>School B (24 Students)</u>		
Taking things too seriously. . . . .	9	5
Moodiness, having the "blues". . . . .	7	1
Lacking self-confidence. . . . .	7	3
Worrying about unimportant things. . . . .	6	1
Forgetting things. . . . .	6	1

A lack of self-confidence was the problem in this area about which the students were most concerned. It probably is also the problem behind the fear of making mistakes which was expressed frequently. An oversensitivity on the part of the students is suggested by the number who felt that they took things too seriously and who worried about unimportant things. "Having the blues" is certainly not an abnormal condition in that people are continually adjusting, but when over one quarter of the students consider their moodiness a problem it would seem to indicate that further investigation into its

students concerned. The frequency is in the shy quiet student who is considered the "good" student, while in reality she may be the most maladjusted student in the school.

### Personal-Psychological Problems

Table III. Items in the Area of Personal-Psychological Problems identified by 33 percent or more of the students.

Problem	Number of students	Percent
Feeling self-conscious	10	30
Avoid of making mistakes	10	30
Feeling shy	10	30
Feeling nervous	10	30
Feeling lonely	10	30
Feeling sad	10	30
Feeling tired	10	30
Feeling hungry	10	30
Feeling thirsty	10	30
Feeling cold	10	30
Feeling hot	10	30
Feeling uncomfortable	10	30
Feeling awkward	10	30
Feeling clumsy	10	30
Feeling nervous	10	30
Feeling shy	10	30
Feeling lonely	10	30
Feeling sad	10	30
Feeling tired	10	30
Feeling hungry	10	30
Feeling thirsty	10	30
Feeling cold	10	30
Feeling hot	10	30
Feeling uncomfortable	10	30
Feeling awkward	10	30
Feeling clumsy	10	30

A lack of self-confidence was the problem in this area about which the students were most concerned. It probably is also the problem behind the fear of making mistakes which was expressed frequently. An over-sensitivity on the part of the students is suggested by the number who felt that they took things too seriously and who worried about minor details. "Having the blues" is certainly not an unusual condition in that people are continually adjusting, but when over one quarter of the students consider their condition a problem it would seem to indicate that further investigation into the



cause is desirable. In speaking about this type of student, Boyd said:

She will not be a success either personally or professionally, if she is emotionally unstable, lacking in adaptability and self-reliance, or so disorganized in her personal structure that she is unable to work or to associate with others. Modern nursing education must strive to develop more than a woman trained in medical techniques. If the most important attributes of a nurse are character and a well-organized personality, then the training program must endeavor to produce a mature, poised, balanced woman who possesses personality traits that will be an asset in her work and in her life.<sup>1</sup>

Several students circled the following items as being of real concern to them: "Sometimes wishing I'd never been born," "not doing anything well," "afraid of a nervous breakdown," "nobody understands me," and "nobody to tell my troubles to." These responses seem to indicate that there is a need for investigation into the teaching and supervisory methods and the counseling services available to students.

#### Courtship, Sex and Marriage

Although no one item was underscored by 25 per cent of either group, all items within this area were marked at least once. "Wondering if I'll find a suitable mate" was the item most frequently underlined and circled in School A. In School B "being in love" was the problem causing the most concern. Some of the students who found being in love a problem, verbalized about this in the summaries. They were undecided

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<sup>1</sup>Boyd, op. cit., p. 2.

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case is desirable. In speaking about this type of student,

Boy's said:

The child may be a success either personally or professionally, it may be a tremendously successful leader in responsibility and self-reliance, or so distinguished in her personal attributes that she is unable to work or to associate with others. Some making a distinction must strive to develop more than a woman trained in medical technique. If the most important attributes of a nurse are character and a well-developed personality, then the training program must endeavor to produce a mature, balanced woman who possesses personal qualities that will be an asset in her work and in her life.

Several students cited the following items as being of real concern to them: "Sexualism, which I'd never heard of," "not doing anything well," "lacking of a nervous breakdown," "nobody understands me," and "nobody to help my trouble in life." These responses were so indicative that there is a need for investigation into the teaching and supervisory methods and the counseling services available to students.

#### Concluding Sex and Marriage

Although it is not known how many of the 25 per cent of either group, all items within this area were ranked at least once. "Wondering if I'll find a suitable mate" was the item most frequently mentioned and cited in school A. In school B "being in love" was the problem causing the most concern. Some of the students who found being in love a problem, verbalized about this in the interview. They were undecided



as to whether or not finishing this long and expensive program was worthwhile when they were planning to be married soon after graduation.

Other frequently reported problems in both schools were: "wondering if I'll ever get married," "too few dates," and "wanting love and affection."

#### Home and Family

Only one problem in this area was found in the list of items reported by 25 per cent or more, and it existed only in School A. This was "getting home too seldom." However, a considerable number of students also expressed concern over the sacrifices their parents were making for them. Not one student underscored the item, "parents not trusting me," and in the written summaries many drew a comparison between the trust their parents had in them and the lack of trust placed in them by the school.

#### Morals and Religion

Only one item was underscored by 25 per cent of either group. The three most frequently reported items were: "can't forget some mistakes I've made," "failing to go to church" and "confused in my religious beliefs." It should be pointed out once again, however, that although these problems were not reported in large numbers, they may be of very great concern to a few individuals.

#### Adjustment to the School of Nursing

as to whether or not this was an expensive pro-  
gram was worthwhile when they were planning to be married  
soon after graduation.

Other frequently reported problems in both schools were:  
"wanting to be loved," "too few dates," and  
"wanting love and affection."

Sex and Family

Only one problem in this area was found in the list of  
items reported by 25 per cent or more, and it existed only  
in School A. This was "getting home too early." However,  
a considerable number of students also expressed concern over  
the restrictions their parents were making for them. Not one  
student mentioned the list, "parents not wanting to," and  
in the written answers many drew a comparison between the  
treat their parents and in their own life of being placed  
in them by the school.

Morals and Religion

Religious items were mentioned by 15 per cent of students  
from both schools. The most frequently reported item was "not  
forgetting some religious duty," "telling to go to church"  
and "confused in my religious beliefs." It should be pointed  
out once again, however, that although these problems were  
not reported in large numbers, they may be of great con-  
cern to a few individuals.

Attitudes to the School of Learning



Table XII. Items in the Area of Adjustment to the School of Nursing Underlined by 25 Per Cent or More of the Students.

Problems	Under-	Circled
	lined	
<u>School A (139 Students)</u>		
Unable to concentrate well	57	22
Worrying about examinations	56	21
Fear failure in school of nursing	55	20
Don't know how to study effectively	46	19
Unable to express myself in words	43	16
Afraid to speak up in class discussions	36	8
<u>School B (24 Students)</u>		
Worrying about examinations	10	3
Having too many subjects at one time	7	4

The problems in this area deserve careful consideration. The most frequently reported items suggest tensions and anxieties which will definitely hinder some students' progress in the school. The inability to concentrate, and the lack of verbal facility reported by over a quarter of the students do not predict a successful career in nursing. Three items although only circled by two or three students deserve special mention. These are: "dislike of nursing," "being a nurse on insistence of family" and "wanting to leave nursing." These responses raise questions concerning techniques used in the selection and admission of students. Recognizing the fact that no technique is perfect and that selection is a continuous process, the school has a responsibility to direct such students into fields of work for which they are better suited.

#### Future: Professional and Educational

Although all items in this area were marked at least





once, only one in each school was underscored by more than 25 per cent of the students. In School A it was "wondering if I'll be a success in life," and in School B, "wanting to get out of school and on my own." Both of these problems are commonly found among young adults. This is not to say that they are not worthy of consideration however. A listing of the next most frequently reported items, "afraid I'll never become an 'R.N'," "need information about the future fields of work," "needing to know my professional abilities," "not able to decide what nursing fields to enter," "fear I won't get a good recommendation from the school" and "wanting advice on steps after leaving school" suggest that some group guidance could be done in the study of future fields of work.

#### Curriculum and School Program

Table XIII. Items in the Area of Curriculum and School Program Underlined by 25 Per Cent or More of the Students.

Problems	Under- lined	Circled
<u>School A (139 Students)</u>		
Too tired from nursing duties to study. .	67	23
Director of Nurses lacks understanding of students . . . . .	62	28
School too indifferent to students prob- lems. . . . .	51	21
Inability to remain awake in class. . . .	41	6
<u>School B (24 Students)</u>		
Too much repetition of some topics. . . .	10	1
Too much work required in some courses. .	8	3
Inability to remain awake in class. . . .	8	0
Dull classes. . . . .	7	1
Too tired from nursing duties to study. .	7	3
Director of Nurses lacks understanding of students . . . . .	6	4

once, only one in a school was understood by more than  
 25 per cent of the students. In School A it was "wondering  
 if I'll be a success in life," and in School B, "wanting to  
 get out of school and on my own." Both of these problems  
 are commonly found among young adults. This is not to say  
 that they are not worthy of consideration however. A listing  
 of the most frequently reported items, "I wish I'll never  
 become an adult," "need information about the future fields  
 of work," "need to know my professional abilities," "not  
 able to decide what training leads to enter," "I don't want  
 to get a good recommendation from the school," and "wanting ad-  
 vice on steps after leaving school" suggest that some group  
 guidance could be done in the study of future fields of work.

Curriculum and School Interest

Table VIII. Items in the area of Curriculum and School Inter-  
 est. Tabulated by 25 per cent or more of the students.

School A (138 Students)		Frequency
23	67	Too little training leads to study.
22	62	Director of Bureau lacks understanding
21	61	of students . . . . .
20	60	School to indifferent to students' prob-
19	59	lems . . . . .
18	58	Ability to remain awake in class . . . . .
School B (84 Students)		
1	10	Too much repetition of some topics . . . . .
2	8	Too much work required in some courses . . . . .
3	8	Ability to remain awake in class . . . . .
4	7	Self observance . . . . .
5	7	Too little training leads to study . . . . .
6	6	Director of Bureau lacks understanding
7	6	of students . . . . .



It is interesting that many of the students marking "too tired from nursing duties to study" and "inability to remain awake in class" did not underscore the items in the area of Health and Physical Development concerning fatigue- "tiring very easily," and "not enough sleep." It is logical to assume that these students are quite healthy normal individuals who simply need a change after eight and a half hours of nursing duties and classes. In School A, the very small minority marking "dull classes," "instructors lacking grasp of subject matter," "unfair instructor," "courses too unrelated," "too much repetition of some topics," "tests often unfair" and "instructors too theoretical" indicates that on the whole the students are well satisfied with the education they are receiving. Although they expressed this confidence in the school, a large percentage of the students felt that the school, the Director and the supervisors neither understood nor cared about their personal problems.

Students in School B were more concerned with the actual curriculum- "dull classes," "too much repetition of some topics" and "too much work required in some courses." They also felt too tired to do the required studying and the students affiliating in the hospital were concerned with what they felt was a lack of understanding on the part of the Director.

It is interesting that many of the students arriving "too  
lived from training, duties to study" and "inability to remain  
away in class" did not understand the terms in the area of  
Health and Physical Development concerning Learning - "staying  
very easily," and "not enough sleep." It is logical to as-  
sume that these students are quite healthy normal individuals  
who simply need a change of their diet and a half hour of  
morning duties and classes. In School A, the very small  
minutely learning "small classes," "unstructured learning group  
of subject matter," "unfair instruction," "unfair too un-  
related," "too much repetition of some topics," "leave often  
unlike" and "unstructured too unstructured" instruction that on  
the whole the students are well satisfied with the education  
they are receiving. Although they expressed this confidence  
in the school, a large percentage of the students told that  
the school, the Director and the supervisors neither when-  
stood nor cared about their personal problems.

Students in School B were more concerned with the actual  
curriculum - "small classes," "too much repetition of some  
topics" and "too much work presented in some courses." They  
also felt too tired to do the required studying and the stu-  
dents attending in the hospital were concerned with what  
they felt was a lack of understanding on the part of the  
Director.



### Adjustment to Human Relations in Nursing

Table XIV. Items in the Area of Adjustment to Human Relations in Nursing Underlined by 25 Per Cent or More of the Students.

Problems	Under-	Circled
	lined	
<u>School A (139 Students)</u>		
Can't seem to please some supervisors. .	51	10
Supervisors not trusting us enough . . .	36	10
<u>School B (24 Students)</u>		
Can't seem to please some supervisors. .	11	4
Disliking caring for demanding patients.	10	1

In this area too the problems deal with the interpersonal relations between the students and the faculty. None of the students felt that the "supervisors don't understand our educational needs," but they did feel that they were not trusted by the staff and that too much was expected of them. Some students specified that the demanding patients whom they disliked caring for were those "who were not really sick."

### Adjustment to the Administration of Nursing Care

Planning off-duty time for nursing students is not an easy task. However, this problem was underscored by almost half of the students in School A and appeared frequently in the summaries. It is possible that if a better feeling existed between the staff and the students, the students might be more understanding of changes in their time off which were absolutely necessary. On the other hand, every effort should be made to plan the time as far in advance as possible.

Adjustment to Human Relations in Schools

Grade XIV. Items in the area of Adjustment to Human Relations in Schools as indicated by 25 per cent or more of the students.

Topic	Number of students
Adjustment to Human Relations in Schools	10

Subject A (100 students)  
Grade 14. Items in the area of Adjustment to Human Relations in Schools as indicated by 25 per cent or more of the students.

Subject B (100 students)  
Grade 14. Items in the area of Adjustment to Human Relations in Schools as indicated by 25 per cent or more of the students.

In this area too the problems deal with the interpersonal relations between the students and the faculty. None of the students felt that the "supervisors don't understand our educational needs," but they did feel that they were not treated by the staff and that too much was expected of them. Some students reported that the handling of students whom they disliked caused for some "side work" which was not really work.

Adjustment to the Administration of the School

Thinking of the time for testing students is not an easy task. However, this problem was understood by almost half of the students in School A and reported frequently in the responses. It is possible that it is a better feeling expressed between the staff and the students, the students might be more understanding of changes in their time off which were absolutely necessary. In the other hand, every effort should be made to plan the time as far in advance as possible.



Table XV. Items in the Area of Adjustment to the Administration of Nursing Care Underlined by 25 Per Cent or More of the Students

Problems	Under- lined	Circled
<u>School A (139 Students)</u>		
Off-duty time not scheduled so one can plan for it . . . . .	66	22
Too little chance to know the patient as a "whole". . . . .	52	13
Too little credit given for good nursing care . . . . .	47	15
Failing to organize my work well . . . . .	45	14
<u>School B (24 Students)</u>		
Seniority rule carried too far . . . . .	10	0
Failing to organize my work well . . . . .	9	1
Too little credit given for good nursing care . . . . .	8	3
Nursing care assignments unevenly distributed . . . . .	7	5
Hospital insisting on routine at any price	6	1

Both groups felt that they did not organize their work well, and that they were not given enough credit for good nursing care. It would seem that both these problems could be rectified with little trouble. Well-deserved praise goes such a long way, the cost is slight, and the dividends are many.

"Too little chance to know the patient as a 'whole'," was causing considerable concern to the students of School A. Could this in part be due to the fact that this school uses a functional method of assignment, whereas the students from School B use the patient-care method of assignment in the same situation? Whatever the reason, these students are alert to





the advantages inherent in learning by "wholes" versus learning by parts.

Almost 25 per cent of the students in School A underscored "failure of departments to orient students." Orientation is a continuous process; it is not finished after the activities of the first week are over. One cannot rightly conclude that because one ward has the same floor plan as another that there is no need to orient new personnel. Each situation is unique in some respects and an introduction to the patients to whom the student has been assigned is just a matter of courtesy.

In School B the students were also concerned with the seniority rule. This is quite understandable considering that they have spent two years in the permissive atmosphere of a university where a democratic system is in operation. They also felt that their nursing care assignments were unevenly distributed, and that the hospital insisted on routine at any price.

#### Analysis of the Responses to the Summarizing Questions

This section deals with the data obtained from the summaries at the end of the Check List. Here most of the students wrote freely of their problems, their reactions to the Problem Check List and to the knowledge that someone is interested in their problems.

The actual number of students in both schools answering





questions can be found in the summarizing tables 10 and 11 in the appendix. An analysis of the responses to these questions, with a sampling of the written summaries, follows:

1. "Do you feel that the items you have marked on the list give a well-rounded picture of your problems?"

Eighty-four per cent of all the students felt that the list did cover their problems. In School A the first year students gave a 74 per cent "yes," the second year 78 per cent and the third year 85 per cent. In School B the question was answered in the affirmative by 83 per cent of the first year students, 75 per cent of those in the second year, 100 per cent of those in the third year and 67 per cent of the fourth year students.

The negative response to the question was made by six per cent of the total group, ten per cent of the first year, two per cent of the second year and none of the third year students in School A; 17 per cent of the first year, 25 per cent of the second year, none of the third year and 11 per cent of the fourth year students in School B.

Ten per cent of the students made no response to the question.

The majority of students felt that this list did cover their problems. Only 14 of the 364 items on the Check List were not marked at all. There were:

- too much social life
- being made fun of
- parents separated or divorced
- living too close to home







belonging to a minority religious group  
 being forced to go to church  
 disliking church services  
 instructors lacking grasp of subject matter  
 courses too unrelated to each other  
 supervisors don't understand our educational needs  
 supervisors too friendly  
 having difficulty in following doctors' orders  
 maintaining loyalty to the doctor  
 disliking caring for male patients.

Most of the additional items were but explanations and enlargements of problems already marked, however, some of the items added by the students which they seemed to wish emphasized will be included here.

#### School A.

##### First Year Students

Nervous in front of instructors and patients. Self-conscious and bothered in front of people. People of authority seem to forget that at one time they were learning, instead they think that you should know things perfectly and if not, you are positively stupid. I believe that the girls would like only to be treated a little on the human side and given a little encouragement once in a while.

##### Second Year Students

Constant strain in off-duty hours, knowing that you have to be in at a certain time ruins the simplest pleasures. Overwhelming responsibility thrust upon young nurses on duty but restrictions imposed off-duty are those fit for a wayward child.

Worrying about getting work done in time and forgetting about the patient himself.

##### Third Year Students

Unfair grading by some supervisors, according to personality rather than real ability.

The trouble here is that the instructors are far too impersonal with the individual students, yet go out of their way to find out personal things such as if





student is engaged, but fail to try and understand the students' troubles regarding nursing difficulties.

## School B

### First Year Students

I would like to study literature and history as well as science. I enjoy them and feel that they are necessary to a well-rounded life. Most of my friends are in arts and we do not talk science. Literature and history are more allied with the personality and life of people.

### Third Year Students

Problem of continually having to adjust to new situations.

### Fourth Year Students

University School of Nursing presents other problems-working the 'total patient care' system in with the 'functional system' on the wards creates confusion and unnecessary frustration when you can't do treatment etc. when you want them done.

## 2. How would you summarize your chief problem in your own words?

Seventy-eight per cent of all the students added summaries many of which were simply rewording of the problems already checked. The problems which were emphasized concerned studying and examinations, a disillusionment in nursing, the lack of trust outside the nurses' home and the impersonal manner of the supervisors. Some of the summaries made by the students are given below:

## School A

### First Year Students

There is so much new work at once that I find I can't grasp it as quickly as I should. I can't seem to study

student is engaged, but I'll try and understand  
the student's position regarding nursing duties.

School B

What Your Students

I would like to study literature and history as well  
as science. I enjoy them and feel that they are ne-  
cessary to a well-rounded life. Most of my friends  
are in arts and we do not have science. Literature  
and history are more allied with the personality and  
life of people.

What Your Students

Problem of continually having to adjust to new  
situations.

What Your Students

University School of Nursing presents other problems -  
working the 'total patient care' system in which the  
'functional system' on the ward creates confusion  
and unnecessary frustration. You can't do treat-  
ment etc. when you want them there.

2. How would you summarize your chief problem in your own words?

Seventy-eight per cent of all the students added sur-  
vival many of which were simply rewording of the problem al-  
ready covered. The problems which were emphasized concerned  
surveying and examination, a dissatisfaction in nursing, the  
lack of care outside the nurses' home and the important  
nature of the supervisors. Some of the comments made by the  
students are given below:

School A

What Your Students

There is no such new world of care that I can't  
keep it as simple as I possibly can. I can't seem to study



effectively, that is, I don't remember the things I have studied. I am afraid I'm not going to pass my exams.

I don't know anyone in the vicinity of Hamilton and therefore do not get out very much. I have no social life at all.

I feel tired continuously. When I come off duty I haven't the pep to study. I enjoy studying and looking up my patient's condition but I don't have the energy. Before training I kept up with world problems but now I feel that I know nothing about anything but the hospital. I would like to have some time to read, as I enjoy reading the classics but I do not have time. Also, I miss the fresh air and sports that I used to enjoy.

Have not been used to close connections with others and therefore am bothered and worried by it. Cannot make friends easily.

Since my father is not living, my chief problem is dependence on my mother. Before I came in training I was working and helping out at home besides having my own spending money. I miss this income but do like to ask my mother for it.

On reading over this list I realize I am too interested in myself and I worry about myself too much. Even though I am concerned about other people I should become a little more of an extrovert and so overcome some of my problems.

1. Learning to apply myself effectively and happily into the life of residence and nursing.
2. Feeling completely lost and the procedures completely leaving me when left in a room with four staring patients.
3. Feel tired and too little time to live. Realizing one can't have late nights and a gay life, there seems to be too little time to have any outside social life or outside reading barring studies.
4. Being a normal girl I would like to meet eligible nice boys since I am far from home and know none.
5. Too many assignments and new situations all at once causing nervous frustration and strain.
6. Too much school and theory thrown all at once.
7. Being neglected and completely unobserved by the head nurse until one does something wrong.

effectively, that is, I don't know of the thing  
I have written. I am afraid it is not going to pass  
my own.

I don't know anyone in the vicinity of London  
and therefore do not get any very much. I have  
no social life at all.

I don't think I am particularly happy. When I look at my  
I haven't the time to study. I enjoy studying and  
looking up my scientific knowledge but I don't have  
the energy. Before I was I was up with work  
problems and now I don't have any more work  
anything but the household. I would like to have  
more time to read, as I enjoy reading the classics  
but I do not have time. And, I like the French  
and sports that I want to enjoy.

Have not been used to close connections with others  
and therefore no hobbies and interests. I cannot  
make friends easily.

Since my father is married, my mother is  
dependent on my mother. Before I was in training  
I was working and looking after my mother having  
my own money. I like this because I do  
like to be my mother's help.

On coming over this time I realized I was too indepen-  
dent in myself and I don't know about myself too much. Even  
though I am concerned about other people I would be-  
come a little more of an expert and no longer  
a one of my own.

1. Learning to apply myself effectively and rapidly  
into the life of residence and training.

2. Being completely lost and the procedure con-  
sidering leaving the area left in a room with some  
certain results.

3. Being lost and the results of the loss. For-  
getting one's name and the results of the loss.

4. Being lost and the results of the loss. For-  
getting one's name and the results of the loss.

5. Being lost and the results of the loss. For-  
getting one's name and the results of the loss.

6. Being lost and the results of the loss. For-  
getting one's name and the results of the loss.

7. Being lost and the results of the loss. For-  
getting one's name and the results of the loss.

8. Being lost and the results of the loss. For-  
getting one's name and the results of the loss.

9. Being lost and the results of the loss. For-  
getting one's name and the results of the loss.



## Second Year Students

1. I would like to know more about the opportunities in nursing as an R.N. and the qualifications needed. This should apply to Canada and the United States re post-graduate work as well.
2. I miss being able to entertain friends in my own home instead of having to say good-night at the door.
3. I would like to know more about myself and of my abilities both as a student and as a citizen.
4. I would like to learn how to develop my mind adequately and build a well-rounded personality.
5. Special guidance would be a great help and at times I do feel a need for encouragement.

I find too much stress on procedures and dignity of the nurses rather than on the human qualities of sympathy and generosity towards patients. Nurses seem to be placed on a pedestal from which they may look down on other people. This tends to develop snobishness and prejudice.

It is hard to come from a home in which you have been trusted as far as coming in hours are concerned and have to abide by very strict rules and regulations. It creates a resentful and rebellious attitude and confuses one on certain things.

My chief problem has not been mentioned previously; that is working shifts. I think we are on nights and 2:30-11:00 too much of the time. I develop severe cases of the "the blues" when I'm on these shifts and I can't seem to overcome them. As a result I can't seem to get sufficient sleep and as a result I'm always tired. I can't enjoy my work or my time off duty because of this tiredness.

Fear to me, and I'm sure to many others, is our greatest problem. If our supervisors would try to understand instead of always finding fault, much tension would be relieved not only for the students but the patients too. I also feel that we haven't the opportunity to treat the patient as an individual. We have so often to run to classes and are always worrying about getting our work done and forgetting about the patient.

I feel that our school lacks a social life, especially for those of us who are far from home. If some activities could be arranged, we would

Second Year Students

1. I would like to know more about the opportunities in nursing or in M.B. and the qualifications needed. This should apply to Canada and the United States to post-graduate work as well.
  2. I miss being able to entertain friends in my own home instead of having to say good-bye at the door.
  3. I would like to know more about myself and my abilities both as a student and as a person.
  4. I would like to learn how to develop my own personality and build a well-rounded personality.
  5. Social activities would be a great help and I think I do feel a need for entertainment.
- I find too much stress on procedures and ability of the nurses rather than on the human qualities of sympathy and generosity towards patients. Nurses seem to be placed on a pedestal from which they may look down on other people. This tends to develop aloofness and prejudice.
- It is hard to come from a home in which you have been treated as far as coming in hours are concerned and have to abide by very strict rules and regulations. It creates a rebellious and rebellious attitude and creates one on certain things.
- My chief problem has not been mentioned previously; that is working shifts. I think we are on nights and 2:30-11:00 for much of the time. I develop severe cases of the "blue" when I'm on these shifts and I can't seem to overcome them. As a result I can't seem to get sufficient sleep and as a result I'm tired when I can't enjoy my work on my time off days because of this tiredness.
- Just to say, and I'm sure I say others, is that greatest problem. If my supervisor would try to understand instead of always finding fault, which would be relieved not only for the students but the patients too. I also feel that we have the opportunity to treat the patient as an individual. We have to learn to see the patient and are always worrying about getting our work done and forgetting about the patient.
- I feel that our school lacks a social life, especially for those of us who are far from home. If some activities could be arranged, we would



have less time to sit in our rooms and complain. We have no way of getting out and meeting people our own age.

I feel that the students off-duty time is not her own. For example, any student found in a cocktail lounge is instantly dismissed, yet the staff can drink and do. Our five midnight passes and two overnights per month are inadequate. We have to be in at 10:30 every other night and as a result we clockwatch and don't enjoy ourselves.

My chief problems are those of every student nurse. No other profession works the hours, gets the pay, and yet is restricted to the extent the student nurse is. Time and the other professions march on while the nursing profession is still at attention.

I don't appreciate the way some supervisors have you sign a report and then go behind your back to write remarks of which you have no knowledge. Some take a personal dislike to you and base your whole report, no matter how hard you try, on petty things.

My chief problems are a feeling of inferiority, being nervous, and taking things too seriously. Also the fact that we are not trusted outside the nurses' residence although we must take practically full responsibility on a ward. We should be allowed to take an overnight before each day off. We usually take a late leave before our day off and get up early in the morning to go home therefore we get less sleep than if we went home overnight.

I find my biggest problem is getting used to eagle-eyed supervision of some supervisors and the dictatorial discipline off duty in the residence. My work is better, my personality more natural, my attitude more willing and the overall result better when I am not supervised. Too often the supervisor notices the 'paper bag not on the bed' although you are busy doing something far more important for some sick individual. If nursing is to be mechanically, then it has lost its purpose and nurses will become fewer and of poorer standards.

Student nurses are not to be trusted to be respectable well-behaved individuals outside the hospital. I don't frequent cocktail lounges but if an escort wanted me to go to one, I think the decision should be mine, not that of the hospital staff.



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The supervisors seem to care nothing about the happiness of the students as they work on the wards. If our superiors were more understanding and pleasant and down to earth, they would find cooperation with the students much easier.

I think that nurses in training should be trusted on their time off and not have to be told where not to go. The instructors of nurses should be understanding of the students and realize that the world today is far different than it was 20 or 30 years ago especially in the way of social activities.

The instructors make too quick judgment of a nurse. Most of them form their opinion of you the first day you are on their ward and your reports are made out by the mistakes you made and not by the nursing care you have really given the patient.

I believe that nursing could be the most satisfying and enjoyable field open to any girl, but I have not found it so. I do not know whether it is the hospital in which I am training or my own personality which has caused me to come to the conclusion that I will not be proud of being an R.N. I like meeting people and helping them but the constant pressure of all that is to be done, frequent interruptions, unfair demands on time and energy are not compatible to a happy frame of mind. I could be content with the restrictions off-duty I believe if I found my on-duty time less demanding. I have lost all respect for most head nurses and supervisors not so much as nurses but as citizens and women. I am afraid of becoming hardened in my attitude toward patients and life in general. I believe the whole nursing set up, at least in this hospital, is one which forces you to adopt the attitude of either doing things in the fastest, easiest (unethical) manner or else driving yourself to the breaking point for the work and ruining your physical and mental health. To survive you must sacrifice your former ideals of service on the highest plane and do even the most menial task thoroughly and well. I shall probably finish my training as I have no difficulty with the studies and actually can do the work better than most. But I'm certainly far from content and always ask myself 'must it be so?'

### Third Year

The students of this training school have excellent

The report seems to have nothing about the  
interests of the students as they work on the  
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The instructors make too much of a course  
and then have their opinion of your life  
day for day on their own and your reports are made  
and by the students you need not be of the training  
case you have really given the patients.

I believe that training should be the most satisfying  
and enjoyable thing you can do, but I have  
not found it so. I am not sure whether it is the  
instructor in which I am training or my own  
attitude which is making me to think so. I am not  
certain that I will not be proud of being in it.  
I am not sure whether I am really doing it or not.  
constant pressure of all this is to be done, the  
great instructors, and the students on their own  
every day and sometimes to a happy time of study.  
I could be content with the training and study  
I believe it is a time of study and then continuing  
I have lost all interest for the past years and  
instructors not to make an instructor as a student  
and work. I am afraid of making mistakes in my  
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attitude (unpleasant) toward the other students and  
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that students and their attitude. I believe you  
must realize your attitude of attitude on  
the highest plane and to even the best of all  
students and work. I really really think of  
training as I have no difficulty with the students  
and really make the most of the training.  
I am really for the student and for the  
spirit of it is to be.

With love

The attitude of the training school was excellent



living conditions and I believe the students in general are satisfied as far as the training received is concerned. The main problem is not being allowed to live our own lives off duty.

I feel that we are not trusted in or out of residence but are expected to carry heavy responsibility on the ward. We also need a change of supervisors. They have become oblivious to us as people and think of us only as a cog in a great wheel. We work all day and are expected to work at our studies and write exams in the evening. I feel that I don't have enough money to carry out recreational activities but perhaps that is best.

My chief problems have to do with theory. I worry about my examinations before and after they are written although my marks are usually average or a little better. Another thing is lonesomeness- I only get home once a year and I see my family maybe two or three times a year. For example, it is eight months since I have seen my parents.

I am more inclined to be nervous and high-strung than most people and although I realize this myself, I find it extremely difficult to overcome it. I have always tried to do my best in anything I undertook, even as a child, and since I have come in training I find it hard to live up to this high standard; yet I feel a great sense of guilt and failure when I do not do as well as usual. I have a great deal of trouble with menstrual periods. I feel that this is due chiefly to emotional factors yet I am unable to control it. My periods last for weeks and although I never have any pain or cramps, I find it quite depressing. I am not a moody person and am quite happy in my chosen profession. However, at times I feel I could be much happier if I could only overcome this nervousness. Most people don't realize how much of a problem this is to me- especially the people I work with and many of my friends. I do not believe that even my parents realize it.

It is my opinion that the majority of students in our hospital are quite satisfied with just about everything in general except a few 'petty' grievances.

Our personal life is interfered with too much and we certainly are not trusted when it comes to







choosing our friends and the places where we would like to go. All the students are of average or above average intelligence or we would not be here and therefore we should be trusted to make our decisions for ourselves- other students who attend a university are allowed to do so.

Perhaps if we received a little more encouragement from the supervisors and head nurses our confidence would perk up a little also.

Choice of nursing or marriage. Staying in nursing because of (1) the family, (2) I hate to give it up now. Interest in nursing failed when I couldn't live up to ideals and theory because of need to always hurry.

My chief problem is wondering about the future and what branch of nursing I should enter. We do not have any information on the different positions open for us after graduation. Not being trusted in Residence or off duty- questioned about our activities on late leaves or on nights out. Even parents on the whole trust their children more than we are trusted by the supervisors. If we have the ability to look after a ward, we have the ability to look after ourselves.

I think the chief problem is the tense strict atmosphere between the head nurses, supervisors and students. If fear was eliminated in the student by a friendlier and more helpful attitude on the part of the supervisor, I feel that there would be fewer mistakes made, the work would be done much better, and I'm sure the patients would feel better. The patients sense the tenseness and scared fear in the student nurse and this is not good. There is no time to talk to the patients as you are taught because of the fear of being caught standing doing nothing. If this chief problem was corrected, I'm sure all the others would iron themselves out in time.

I like nursing very much but there are many problems that bother me. I live too far to get home on a day off and can't understand why we can't get two days off together so it would be possible to get home at least once a month. Nurses are not given enough time off for recreation. Too much studying, clinics, and exams in off hours. Night nurses getting up in the middle of the afternoon for classes, Shift work is not evenly distributed,



choosing our friends and the places where we would live to go. All the students are of average or above average intelligence or we would not be here and therefore we would be treated to have our decisions for ourselves - other students who attend university are allowed to do so.

Perhaps if we received a little more encouragement from the university and had more of our confidence would grow up a little more.

Choice of training or occupation. Staying in nursing because of (1) the salary, (2) I like to give it up now. Interest in nursing faded when I couldn't live up to it and finally because of need to always hurry.

My chief problem is wondering about the future and what branch of nursing I should enter. We do not have any information on the different positions open for us after graduation. Not being treated as a person on our duty - mentioned about our activities on late leaves or on nights out. Even parents on the whole trust their children more than we are trusted by the supervisors. If we have the ability to look after a ward, we have the ability to look after ourselves.

I think the chief problem is the same about the difference between the head nurse, supervisors and students. It has been mentioned in the students by a head nurse and some hospital officials on the part of the supervisor. I don't know what the lower salaries mean, but it would be better to have a salary and the patients will be better. The patients seem to be more interested in the student nurse and she is not good. There is no time to talk to the patients as you are always because of the time of duty. The students don't notice. If this chief problem was corrected, I think all the other problems would be solved and in time.

I like nursing very much but there are many problems that bother me. I like to go to the hospital on a day off and see what is going on. We can't get two days off together as it would be possible to get some of the time off. There are not given even a time off or vacation. The hospital, clinic, and even in off duty, night nurses getting up in the middle of the afternoon. The classes, shift work is not evenly distributed.



some students get numerous 2:30-11:00 shifts or night shifts.

Our school is a nursing service and we spend more time on practical bedside nursing than on theory. To obtain our required time in theory we have clinics on the wards in our time off duty. On most of the wards you don't know your time off (except for your day off) for the next day until the evening before. During my two and a half years in training, I have had one Sunday off and less than five Saturdays. We have a day off a week usually with class or clinic at least every other day off and only two overnight leaves a month.

We have very few social affairs as staff members have to be present and they are usually too formal and uncomfortable.

Our company is watched closely. If a nurse is seen going out of residence with more than one man, she is questioned about it. If working evenings, she is questioned if seen going out with a man in the morning.

It is difficult to have male friends as we are so undependable. As sure as we make a date, we will have to work that evening. Boys will put up with only so much. We lose contact with the outside world and our old friends. We live only for our work.

The students of this training school would like the opportunity of trying the honor system- residence rules are too many and too strict. A student feels as if her social life is under constant scrutiny and on several occasions, students have been subjected to embarrassing situations due to questioning and distrust concerning their personal habits. I am sure that everybody wishes this survey success.

Nursing is a wonderful career but like any other we have our troubles which we would like discussed. I find that on the ward we can be trusted with the care of 50 patients or so yet when we come over to the residence, it seems we aren't old enough to take care of ourselves when going out with our boy friend. If for any reason we do come in late, our excuses are looked upon as though they were made up. If our parents trusted us before we entered nursing, then why can't the nursing supervisors trust us also.





I feel that I am not living the kind of life I should like to live. Nursing is broad in one sense but does not give the time or opportunity for enjoying the finer things of life, like music, art or literature. We are made to feel it is all work and nothing else. Nothing else matters but sacrificing your whole self to others. I fear that I will get in a 'rut', that I shall have nothing in common with well-rounded intelligent people. I would like an atmosphere of enthusiasm, learning for the joy of possessing knowledge and happiness in the work we have chosen.

Secondly, I think student nurses should have a counselor, one who is not on the staff or a supervisor. It is most important for nurses to have someone who understands her problems but who would keep them in strict confidence.

## School B

### First Year Students

My chief problem is being unable to secure enough energy and clear-headedness after the day is over to continue and finish any class work, assignments or studying. The days are too full and too tiring. My only other problem of great importance is finding a quiet place at home in which to study. My inadequate training in science in high school is also making my year difficult.

### Second Year Students

My chief problem is having someone to confide in and talk things over with. I'm very close to my mother and father yet there are some things that I just can't tell them. My former friends at high school are all out of town this year and I am no longer able to talk over problems with my girl friend. As yet I have found no one in my class in whom I can have complete confidence.

I have not been able to concentrate as well ever since I got out of high school and therefore I do not get as good grades and it bothers me.

I also worry too much about being left out of things. I keep wondering if I will find someone to marry. I forget things easily and am too easily led by other people. I have a hard time in making up my mind; I am indecisive. I worry too much about examinations.





### Third Year Students

Problems checked are not of much concern. Anticipation of needs by instructors is quite well carried out. The most pressing problem is that of endless adjustment which must be met by the individual.

My problems are slight. At times, however, I would like someone in Hamilton with whom I could talk things over. I seem to be easily hurt and moody if things go a bit wrong. It would be nice to feel free to talk to supervisors about things in the courses that we do not like.

My biggest problem right now is to decide what I want to do with my course after I have graduated and I would appreciate someone else's opinion.

### Fourth Year Students

....Being in a university course you not only compare your school with other nursing schools, but with other university courses. I feel deprived at times because we get an excess of nursing and nothing along other lines. Taking some other subjects like English, History, Psychology, or a language- anything really would help immensely.

....I also feel that there is an improper feeling between the staff of the training school and the nursing supervisors towards all the students in this hospital.. We have the feeling of being treated as children whereas we are made to behave as mature adults when on duty. We often feel afraid to do things for fear of losing several late leaves on an unfair basis.

### 3. Have you enjoyed filling out the list?

Eighty-eight per cent did enjoy filling out the list.

In School A, a negative response was given by 13 per cent of the first year students, five per cent of the second year students and none of the students in their third year.

In School B only one student, in her second year, did not enjoy the Check List. A response was omitted by six per cent





of the students in School A and four per cent of the students in School B.

4. Whether you have or have not enjoyed filling out the list, do you think it has been worthwhile doing?

Eighty-seven per cent felt that filling out the list had been worthwhile. Only five per cent felt that it had not been worthwhile and eight per cent did not say.

Many students felt that it helped them to clarify their problems. They were interested to know that students in other schools had similar problems and they expressed surprise and gratification in the knowledge that people were interested in them as people. The following are typical reactions:

#### Reactions of Students Responding "Yes."

##### School A

##### First Year Students

Because it has awakened me to some personal defects in my own character which I should like to remedy.

Those in charge of Schools of Nursing must first know what problems bother the students before anything can be done towards correcting them.

I feel that this is a step toward a better feeling in my school.

Anyone likes to give opinions and this has given us a chance. Whether it will or will not do us any good, remains to be seen.

I think that if we can get our troubles out in the open, we will feel better and perhaps we can get some help in overcoming some of these difficulties. I think if our troubles are out, someone will try



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either to fix them up or will show us where we have gone wrong.

I think the School of Nursing should know how the students feel about the education they are receiving.

I think the list has been worthwhile doing because if all questions are answered honestly by all students, it gives a very clear idea of what the problems in a moderately large school of nursing are. As far as the personal side goes, I think it is of no avail as the teachers and supervisors have too much work to do without looking after the problems of hundreds of students.

I think it has been worthwhile to fill out this form since it may give the school some idea of the problems of the students and maybe some of them will be solved. It also gives me a better understanding of myself and my problems and I will be able to do more towards solving them.

It has given a chance for discussion of our personal problems among ourselves without embarrassment.

At first I felt that I should have more problems, but having gone through these very honestly, I was glad that I was so fortunate not to have many of these problems which I know are real problems to others.

## Second Year

It seems to give me an outlet for these things that pile up inside just by seeing them written down and realizing that others must have some of the same problems.

I feel that something is to be gained from this survey. I don't think these improvements which may follow will affect us, but I do hope they will affect future nurses who follow us.

If enough of the students have filled out these reports- to the best of their ability- and the report of the result is returned to the school- then I believe it will be a big factor in improving our school as a whole.

It was interesting to really see your own personal problems on paper before you, as it not only makes

either to the library or with him as we have  
gone wrong.

I think the school of thought should know how the  
students feel about the situation they are receiving.

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much work to do without looking after the problems  
of students as students.

I think it has been worthwhile to talk out this way  
since it gives the school some idea of the prob-  
lem of the students and some idea of what will  
be solved. It also gives me a better understanding  
of myself and my position and I will be able to do  
more towards solving them.

It is given a chance for discussion of our personal  
problems and ourselves without explanation.

At first I thought I should have more problems  
but having gone through this very honestly, I was  
glad that I was so fortunate not to have many of  
those problems which I have seen other students to  
experience.

## Second Year

It seems to give me an outlet for these things that  
pile up inside me by coming out with my own and  
seeing what others have done in the same  
position.

I think it is a very good idea to be able to talk  
everybody. I don't think I have improved much  
myself with this method, but I do hope they will  
help them make the change.

It seems to me that the school has been doing the  
best - to the best of their ability - and the re-  
sult of the result is that the school is doing  
I believe it is all the better in the long run  
because of a whole.

It was interesting to see how they were doing  
programs on the whole, as it was only a year



one more aware of personal problems but also makes one realize that the problems concern a great number of people.

This list has made me realize a few things about myself which I have never thought about before.

In filling out this list, I have felt as if someone was really interested in me as an individual.

This Problem Check List came as quite a surprise to me. I know that students have many problems, but I thought that no one cared and that the patient was the only one who was considered as a human being.

It has made me realize what exactly are my problems, and that there are fewer than I thought there would be. It is comforting to realize that someone is interested in the problems of nurses. Perhaps within ten years such check lists may help bring about certain changes.

It gave me a chance to really see what was bothering me- some things that I really couldn't put my fingers on are outlined here- it also gave me a chance to think these things over.

In filling out this list, I have realized that others have the same problems. It makes you realize that others have problems in their schools the same as ours.

### Third Year

I have enjoyed filling out this list. It has made me feel that someone seems interested in the student nurse. I feel that too many people forget that the student nurse is a human being, and does like to have some fun outside of her nursing career.

Glad to find that I'm not the only one who has problems big or small.

Because I have put down on this sheet things I have never admitted even to my best friends and loved ones, and yet they are things that are real problems to me. The opportunity to get them off my chest, as it were, has made me feel a little better about them, and I am sure that in time, I will be able to work them out satisfactorily.

I feel that by filling this list out with the rest of

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one realize that the problems concern a great num-  
ber of people.

This list has made me realize a few things about  
myself which I have never thought about before.

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was really interested in me as an individual.

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and that I have never been I thought I was really  
be. It is comforting to realize that someone is  
interested in the problems of others. Before  
writing I have been self-critical and help bring  
about certain changes.

It gave me a chance to realize how what was bothering  
me - some things that I really couldn't put up with  
was an old friend who - it also gave me a chance  
to bring these things over.

In writing out this list, I have realized that others  
have the same problem. It makes you realize that  
others have problems in their schools. The more we know.

Final Essay

I have enjoyed writing out this list. It has made me  
feel that someone really interested in the student  
person. I feel that two things people forget that the  
student must be a human being, and that I like to have  
some one outside of that nursing corner.

And to find out that the only one who has such-  
like this is me.

Before I wrote this list on this class which I have  
never enjoyed even so my best friend and loved  
ones, and that they are people that are real students  
to me. The opportunity to put down all my ideas  
as it were, has made me feel a little better about  
this, and I am sure that in time, I will be able to  
work them out satisfactorily.

I feel that by writing this list with the help of



my group, that at last some steps will be taken by those who have experienced nursing and are interested in nursing, toward helping future student nurses enjoy the profession more.

It is well worth the while if something is done about the problems that are worrying the majority of students.

If the results of these forms are shown to the head of our school of nursing possibly they will try to remedy some of our chief complaints if the same complaint is found on each form. They may not have realized how we felt before.

It is good to see your problems put into words, and written. Often something is bothering you, but you can't put your finger on it. Most of these problems are worded clearly and exactly.

My reaction to filling out this questionnaire is that some of the problems of the student nurses can be solved in the not too distant future.

It makes me feel a lot better to get it all off my chest even if I don't know who I'm telling it to.

I have enjoyed filling this list out as I have seen just what I find most difficult in training for a nurse. It also gives you an idea just what kind of person you really are.

I feel that any way the problems of student nurses can be brought into the open is worthwhile. I do not like to see any group grumble about conditions, but never bring them out into the open for it is unfair to those in authority and only breeds discontent and unfriendliness.

1. This test has brought to my attention the adjustments I have made, and those I have yet to make.
2. An opportunity to express my ideas and opinions.
3. A better understanding of what may be bothering student nurses as a whole and perhaps guiding my thinking constructively as to what may be done to reduce these to a minimum.

## School B

### First Year Students

I hope that this test will help the faculty to

my group, that at least some steps will be taken by those who have organized nursing and are interested in nursing, toward helping these student nurses on-  
top the profession more.

It is well worth the while if something is done about the problems that are worrying the majority of students.

In the results of these letters are shown to the head of our school or nursing possibly they will try to remedy some of our chief complaints in the same con-  
dition in London or New York. They may not have realized how we feel before.

It is good to see your problems put into words, and written. Often something is bothering you, but you can't put your finger on it. Now it is a prob-  
lem and we can help it.

My reaction to this is that this message is  
that some of the problems of the student nurses  
can be solved in the not too distant future.

It makes me feel a lot better to get it all out  
about even if I don't know who is telling it to.

I have enjoyed writing this and as I have been  
just what I find most difficult in dealing for a  
nurse. It also gives you an idea just what kind of  
person you really are.

I feel that any way the problems of student nurses  
can be brought into the open as a problem. I do  
not like to see any group of people with problems,  
but never bring them out into the open as it is  
which is the only way to solve the  
content and method of the.

1. This letter was brought to my attention and as  
students I have made, and I have yet to make.  
2. An opportunity to express my ideas and opinions.  
3. A better understanding of what we are dealing  
student nurses as a whole and how we feel.  
Thank you very much for what you have done to  
reduce these to a minimum.

Respectfully,  
John Doe

John Doe

I hope that this will help the faculty to



understand the problems of first year students particularly. The adjustment from high school to university is very difficult, and their load of work is very heavy, making the first year very hard.

By checking off certain problems, I saw most clearly my faults and I shall try to do something constructive to remedy the situation.

### Second Year Students

I was surprised to notice that others seem to have problems similar to mine as indicated by the type of questions asked.

My mother does public opinion polls, and I see the result of her polls in different advertising. If her polls are worthwhile so should these be worthwhile.

### Third Year Students

I feel that there are still many difficulties which must be ironed out for a student nurse and that this is one of the best ways of doing it.

I feel that a student in a hospital school of nursing would have even more problems. It has helped me to see that my problems are not unique but common among nurses.

### Fourth Year Students

The questions certainly covered about every aspect which concerns a student nurse. Some questions reminded me of things I have thought of many times. They seemed to 'hit the nail on the head.'

I think a survey of this nature should really benefit student nurses at some time or other even though not at present. Only through a survey of this nature can you possibly get a student's view of the situation. If you were to discuss a problem with someone in the hospital who could do something about it, you would probably be risking your chances of graduating.

Interested to hear total group problems and how they compare with my own; thinking of problems in an organized manner may help in solving them; airing of complaints is a relief to the emotions.

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By discussing all certain problems, I can help clearly my friends and I shall try to do something constructive to remedy the situation.

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I was surprised to notice that others seem to have problems similar to mine as indicated by the type of questions asked.

My mother has public opinion polls, and I see the result of her polls in different newspapers. If her polls are worthwhile so should those be worthwhile.

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Interested to hear that group problems and how they compare with my own; thinking of problems in an original manner may help in solving them; giving of complaints is a relief to the emotions.



## Reactions of Students Responding "No."

### School A

#### First Year Students

I find that each statement which might apply to me states only half of the problem or else goes too far and gives more than the problem. In other words, so many different types enter a school of nursing, that no questions can be tailored to suit each one personally.

It may be worthwhile to the surveyor but I do not see that much can be done to change matters here.

I feel that most of these so called 'troublesome problems' are pointless. Some of them bother me occasionally but not to the point where I would become worried or lose any sleep over them. I enjoyed doing it just to see how silly these 'problems' actually are.

#### Second Year Students

From the point of view of the students of this hospital, I don't think it has been worthwhile as the staff is already aware of some of our grievances, about which nothing has been done.

It is taking time from my studying with an exam only two days away. I just hope it will help in the survey, that is the reason I am doing it. I like to help people.

I don't think the students will gain anything by this.

#### Third Year Students

I'm rather inclined to take a pessimistic attitude towards this survey. Although I do hope it does some good for following students, I think it will take a lot of work and planning on the part of authorities who have to have a lot of influence. The students have gone about trying for improvements in other ways and have been met by refusals. It's like banging your head against a stone wall.

### School B

Workshop of Student's Association "10"

Second Year Students

What Your Students

I think that each statement which might apply to me covers only half of the problem or else none at all and gives more than the problem. In other words, so many different types enter a school of nursing, that no questions can be tailored to suit each one personally.

It may be tantamount to the answer but I do not see that much can be done to change matters here.

I feel that most of those so called "problematic" students are just plain. Some of them neither do occasionally but not to the point where I would become worried or lose my sleep over them. I enjoyed doing it just to see how silly those "problems" actually are.

Second Year Students

From the point of view of the students of the hospital, I don't think it has been worth while as the staff is already aware of some of our grievances, about which nothing has been done.

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School



#### Fourth Year Students

I don't feel my answers would be much good in a survey because I don't have very many problems and those I have don't worry me very much. They always seem to straighten themselves out.

5. a. If the opportunity were offered would you like to talk over any of these problems with someone on the nursing faculty?

Fifty per cent of the students said that they would like to talk over their problems with someone on the nursing school faculty, 30 per cent said that they would not and 20 per cent did not answer. Of those responding in the affirmative in School A, 49 per cent were in the first year, 44 per cent were in the second year and 54 per cent were in the third year. Of those giving a negative response, 28 per cent were in their first year, 34 per cent were in the second year and 24 per cent were third year students.

In School B, 13 students responded "yes," 10 responded "no" and only one made no reply. Of those who wished to discuss their problems, three were in the first year, three in the third year and seven in the fourth year. There were three students in both the first and second years giving a negative response, and two in both the third and fourth years. One second year student made no reply.

A few comments were added by some of the students:

No, the nursing faculty puts profession first which of course is right, but since it is at the top it smothers ordinary life which is not seen by the faculty members.

No. We have already discussed our problems with

I don't feel my answers would be much good in a survey because I don't have very many problems and those I have don't worry me very much. They always seem to straighten themselves out.

5. a. In the opportunity were offered would you like to talk over any of these problems with someone on the nursing faculty?

Eighty per cent of the students said that they would like to talk over their problems with someone on the nursing school faculty. 50 per cent said that they would not and 50 per cent did not answer. Of those responding in the affirmative in School A, 45 per cent were in the first year, 45 per cent were in the second year and 10 per cent were in the third year. Of those giving a negative response, 50 per cent were in their first year, 33 per cent were in the second year and 17 per cent were third year students.

In School B, 55 students responded "yes," 10 responded "no" and only one made no reply. Of those who wished to discuss their problems, three were in the first year, three in the third year and seven in the fourth year. There were three students in both the first and second years giving a negative response, and two in both the third and fourth years. One second year student made no reply.

A few comments were made by some of the students: No, the nursing faculty have a reputation for being of course in right, but since it is at the top of another's ordinary life which is not seen by the faculty members.

No. We have already discussed our problems with



the proper authority but so far nothing has happened.

If the problems were personal I would not like to discuss them with a faculty member, but any which concern the school would be well to be discussed.

5. b. Do you know the particular person(s) with whom you would like to have these talks?

Of the 50 per cent who said that they would like to talk over their problems, 21 per cent knew the person with whom they would like to have these talks. A negative reply was made by 28 per cent and one per cent made no response. In School A, an affirmative response was made by 30 per cent of the first year students, 16 per cent of whom were specific, 10 per cent of the second year students with only five per cent of these specific and 24 per cent of the third year students of whom 15 per cent mentioned specific people. Of the 28 per cent who did not know a person with whom they could talk, 19 per cent were first year students, 34 per cent were second year students and 37 per cent were students in their third year.

In School B, of the 13 students who wanted to talk over their problems, five knew the person and of these three were specific, six did not know anyone and two made no response.

The twelve per cent who were specific mentioned 10 individuals- one of them eleven times, one was mentioned six times, two of them twice, and six were specified only once.

the proper authority and no further action  
is required.

If the problem were presented I would not like  
to discuss it with a faculty member, but any  
action concerning the school would be well to be  
discussed.

S. P. Do you know the gentleman (person) with whom you would  
like to have these things?

Of the 30 per cent who said they would like to fill  
over their problem, 21 per cent knew the person with whom  
they would like to have these things. A negative reply was  
made by 28 per cent and one per cent made no response. In  
School A, an affirmative response was made by 30 per cent  
of the first year students, 18 per cent of whom were specific,  
10 per cent of the second year students with only five per  
cent of these specific and 24 per cent of the third year stu-  
dents of whom 18 per cent mentioned specific people. Of the  
28 per cent who did not know a person with whom they could  
talk, 18 per cent were first year students, 24 per cent were  
second year students and 24 per cent were students in their  
third year.

In School B, of the 30 students who wanted to talk over  
their problem, five knew the person and of these five were  
specific, six did not know anyone and two made no response.  
The twelve per cent who were specific mentioned 10 in-  
dividuals- one of them eleven times, one was mentioned six  
times, two of them twice, and six were specified only once.



Two of the students who omitted a reply made the following comments:

Any broad-minded individual who tries to understand modern people.

Someone who understands nursing but who is not connected with the school.

### Analysis of Individual Check Lists

In this survey, the Problem Check List was used to locate the most prevalent problems of the students. It can however be equally effective in locating the students who desire or need individual counseling or guidance. In the Manual four procedures are suggested by which students may be selected for counseling:

(a) their responses to Question 5 on the Check List, which asks, "If the opportunity were offered, would you like to talk over any of these problems with someone on the nursing faculty?"; (b) the number of problems marked on the Check List; (c) the number of problems marked in areas; and (d) responses to particular problems.

Students who mark unusually large numbers of problems in particular areas are also likely candidates for counseling....<sup>1</sup>

The students were asked not to include any identifying data except their age, class and school, therefore the information on the check lists standing by itself does not supply sufficient information on which to base assumptions or conclusions

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<sup>1</sup>Mary Alice Price, Luella J. Morison, Ross L. Mooney, Manual to accompany Luella J. Morison's Problem Check List Form for Schools of Nursing, (Bureau of Educational Research, Ohio State University, Columbus, Ohio, 1948), p. 3.

Two of the students who omitted a reply made the following

comments:

Any person - whether individual or group - who fails to understand modern people.

Someone who understands himself but who is not concerned with the school.

### Analysis of Individual Check Lists

In this survey, the Problem Check List was used to identify the most prevalent problems of the students. It can however be equally effective in locating the students who desire or need individual counseling or guidance. In the Manual Four procedures are suggested by which students may be selected for counseling:

(a) Check responses to Question 3 on the Check List, which asks, "If the opportunity were offered, would you like to talk over any of these problems with someone on the nursing faculty?" (b) The number of problems marked on the Check List; (c) The number of problems marked in items; and (d) responses to particular problems.

Students who mark unusually large numbers of problems in particular areas are also likely candidates for counseling.....

The students were asked not to include any identifying data except their name, class and school, elsewhere the information on the check lists identifying themselves was not supplied. Since identification on which to base suggestions or conclusions

Very little data, unless it is a letter, from J. J. Hooton, should be necessary. The student's name, class and school are the only data needed. The student's name, class and school are the only data needed.



as to what the real problems are. When used for this purpose, further information must be obtained through individual interviews and through cumulative records of health, academic standing, intelligent test scores, interests, extracurricular activities and the like.

For the purpose of illustration only a selection of Check Lists was made according to the predominance of one problem area, to give the reader an idea of some of the patterns of problems located in the survey. Some of these definitely suggest that there are students who need direct help. There were no instances in which the areas of "Courtship, Sex and Marriage" and "Home and Family" predominated. Selections from the other eleven areas follow:

1. HEALTH AND PHYSICAL DEVELOPMENT Predominating According to the Number of Problems Marked.

- HPD    Not getting enough exercise  
        Not getting enough outdoor air and sunshine  
        \* Threatened with a serious ailment  
        \* Poor complexion  
        Not very attractive physically  
        \* Having frequent sore throat  
        Having poor teeth  
        Tired feet  
        \* Frequent headaches  
        Having menstrual disorders
- FLC    Not enough suitable clothes to wear  
        Having to watch every penny I spend  
        \* Disliking financial dependence on family
- SPA    Too little chance to read what I like
- SPR    \* Wanting a more pleasing personality  
        Speaking or acting before I think
- PPR    Taking things too seriously  
        Afraid of making mistakes  
        \* Lacking self-confidence





- HF \* Parents sacrificing too much for me  
Heavy home responsibilities  
Sickness in family
- ASN \* Unable to concentrate well  
Unable to express myself in words  
Afraid to speak up in class discussions
- FPE Not physically fit to practice nursing
- CSP Inadequate high school training
- AAN \* Not observant enough in bedside care

\* Items also circled.

Ten of the twenty-eight problems marked by this student were in the area of health and physical development; the only problem marked in regard to the future also concerns the student's physical well being. Personality problems, illness in the family, and the student's dislike of her financial dependence on them were circled by the student. She expressed a feeling of inadequacy about her scholastic background, and about her verbal facility.

## 2. FINANCES AND LIVING CONDITIONS Predominating According to Number of Problems Marked.

- FIC Too little money for clothes  
Having less spending money than others  
\* Going in debt for nursing expenses  
Going through nursing on too little money  
Needing money for education beyond nursing course  
\* Having to watch every penny I spend  
\* No regular source of income  
Too little money for recreation  
Too many financial problems  
Disliking financial dependence on family  
Not getting along with the House Mother  
Too much discipline in the Nurses' Home
- HPD Being overweight  
Not enough sleep  
\* Not getting enough outdoor air and sunshine





- Poor complexion
  - Being too short
  - \* Having weak eyes
  - Having menstrual disorders
- SRA
- Boring days off
  - Too little social life
  - Slow in getting acquainted with people
  - \* Too little time for sports
  - Too little chance to listen to the radio
  - Unable to lead a well-rounded life
  - Too little chance to do what I want to do
  - Too little chance to read what I like
- SPR
- Being slow in making friends
  - Hurting people's feelings
  - Being watched by other people
  - Being criticized by others
  - Wanting a more pleasing personality
  - Talk shop too much
  - \* Tend to complain too much
- PPR
- Worrying about unimportant things
  - Losing my temper
  - Afraid of making mistakes
- HF
- Father not living
  - Wishing I had a better family background
- MR
- \* Affected by racial prejudice
  - Missing spiritual elements in my present life
  - Can't forget some mistakes I've made
- ASN
- Worrying about examinations
  - \* Fear failure in school of nursing
  - Afraid to speak up in class discussions
- FPE
- Wondering if I'll be a success in life
  - Afraid I'll never become an "R.N."
  - Not being able to decide what nursing field to enter
  - Afraid of unemployment after graduation
  - Afraid I won't get a good recommendation from the school
- AHR
- \* Afraid the patients won't like me
- AAN
- \* Failing to organize my work well
  - Unable to perform procedures effectively
  - Needing to cultivate a well-modulated voice
  - Afraid of causing pain when giving treatments
  - Seniority rule carried too far
  - \* Items also circled

Boys' organization  
being too small  
a having work days  
having members' interests

Q: Now, boys off  
too little social life  
show in getting acquainted with people  
too little time for sports  
too little chance to listen to the radio  
trouble to lead a well-rounded life  
too little chance to do what I want to do  
too little chance to read what I like

Q: Being slow in making friends  
feeling people's feelings  
being wanted by other people  
being criticized by others  
wanting a more pleasing personality  
talk shop too much  
a tend to complain too much

Q: Worried about appearance  
feeling my power  
afraid of making mistakes

Q: Feeling not living  
wishing I had a better family background

Q: a affected by racial prejudice  
feeling spiritual elements in my present life  
can't forget some mistakes I've made

Q: Worried about appearance  
a poor failure in school of making  
afraid to speak up in class discussions

Q: Wondering if I'll be a success in life  
afraid I'll never become an "A.W.P."  
not being able to handle what training field to enter  
afraid of unemployment after graduation  
afraid I won't get a good recommendation from the school

Q: a afraid the patients won't like me

Q: a willing to organize a work unit  
trouble to perform procedures effectively  
feeling to emphasize a well-motivated voice  
afraid of coming back when having treatment  
feeling like a child too far

a items also dropped



Fifty-eight items were marked by this student, 12 of which had to do with finances and residence life. Ten of these were related to a lack of money and conditions in the residence accounted for the other two. Fears expressed by the student concerned her acceptance by others, her scholastic ability, her relations with patients, her future in nursing and her success in life.

### 3. SOCIAL RECREATIONAL ACTIVITIES Predominating According to Number of Problems Marked

- SRA \* Not enough time for recreation  
 Too little social life  
 Missing former social life  
 Not enough time for myself  
 Failing to have fun in school activities  
 Desiring more cooperation among students  
 Too little chance to enjoy art or music  
 Too little chance to listen to the radio  
 Too little chance to go to shows  
 Unable to lead a well-rounded life  
 \* Too little chance to do what I want to do  
 Having no hobby
- HPD Not getting enough outdoor air and sunshine  
 Not getting enough exercise
- FLC Doubting that nursing is worth the financial sacrifice  
 Lacking privacy in living quarters  
 \* Infrequent all-night or late permits  
 Living conditions don't provide "home" atmosphere  
 \* Not being trusted outside Nurses' Home  
 Too much discipline in Nurses' Home
- PPR Having no one to tell my troubles to
- HF Getting home too seldom
- ASN Can't get lessons in the time I have for study
- FPE Doubting economic value of "R.N." degree
- CSP School too indifferent to student's problems  
 \* Director of Nurses lacks understanding of students  
 Too few chances to express ideas or opinions

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 which had to do with finances and residence life. Ten of  
 these were related to a lack of money and conditions in the  
 residence accounted for the other two. These expressed by  
 the student concerned her response by others, her scholastic  
 ability, her relations with patients, her future in nursing  
 and her success in life.

C. BOOTH, WHOSE ACTIVITIES WERE INTERESTING ACCORDING TO  
 NUMBER OF PEOPLE MENTIONED

321 - Not enough time for recreation  
 Too little social life  
 Missing many social life  
 Not enough time for study  
 Feeling to have an actual education  
 Missing more cooperation among students  
 Too little chance to enjoy and be useful  
 Too little chance to listen to the radio  
 Too little chance to go to movies  
 Unable to find a well-rounded life  
 Too little chance to do what I want to do  
 Having no hobby

322 - Not getting enough outdoor air and sunshine  
 Not getting enough exercise

323 - Doubting that nursing is worth the financial sacrifice  
 Feeling nervous in living quarters  
 \* Interfering with night or late periods  
 Living conditions don't provide "home" atmosphere  
 \* Not being trusted outside nurses' home  
 Too much discipline in nurses' home

324 - Having no one to tell my friends to

325 - Getting home too seldom

326 - Can't get lessons in the time I have for study

327 - Doubting economic value of "B.N." degree

328 - Cannot see importance to students' progress  
 \* Absence of person lacking understanding of students  
 Too few chances to express ideas or opinions



Not getting adequate education for present nursing  
 Instructors lacking understanding of students  
 Hard to study in living quarters  
 Too tired from nursing duties to study  
 Instructors too theoretical

AHR Can't seem to please some supervisors  
 Supervisors expecting too much of us  
 Dislike caring for patients with certain diseases  
 Too many people "passing the buck."

AAN Working too long hours  
 Off-duty time not scheduled so one can plan for it  
 Nursing care assignments not evenly distributed  
 Failure of departments to orient students  
 Too little credit given for good nursing care  
 Seniority rule carried too far  
 Too little chance to know the patient as a "whole."

\* Items also circled

This student marked 45 problems of which 13 (more than one quarter) were in the area of social and recreational activities. The problems in this area had to do with a lack of time and opportunity for extracurricular activities and inability to fit into the group. The areas of Curriculum and School Program, Adjustment to the Administration of Nursing and Finances and Living Conditions also contain a significant number of problems.

#### 4. SOCIAL-PSYCHOLOGICAL RELATIONS Predominating According to Number of Problems Marked.

SPR \* No real friends in the School of Nursing  
 Feelings too easily hurt  
 Feeling inferior  
 \* Hurting people's feelings  
 Being left out of things  
 Disliked certain people  
 Getting into arguments  
 Speaking or acting before I think  
 Talk shop too much  
 Tend to complain too much

Not getting adequate education for present training  
 instructors feeling understanding of students  
 hard to study in living quarters  
 too tired from running duties to study  
 instructors too theoretical

Can't seem to please some supervisors  
 Supervisors expecting too much of us  
 Missing caring for patients with certain diseases  
 Too many people "messing the place."

Working too long hours  
 Off-duty time not scheduled as one can plan for it  
 Missing some assignments not evenly distributed  
 Failure of supervisors to orient students  
 Too little credit given for good nursing care  
 Seniority not worked too far  
 Too little chance to know the patient as a "whole."

\* Items also elicited

This student ranked 45 problems of which 13 (more than

one quarter) were in the area of social and occupational  
 activities. The problems in this area tend to be with a lack  
 of time and opportunity for extracurricular activities and  
 inability to fit into the group. The areas of curriculum  
 and school program, adjustment to the institution of  
 nursing and finances and living conditions also contain a  
 significant number of problems.

4. SOCIAL-PERSONALITY RELATED PROBLEMS According to  
 Number of Problems Ranked

5th & 6th rank problems in the school of nursing

Feelings too easily hurt  
 Feeling isolated  
 Nursing people's feelings  
 Being left out of things  
 Blinded certain people  
 Getting into arguments  
 Speaking or acting before I think  
 Talk shop too much  
 Tend to complain too much



- HPD    Tiring very easily  
       \* Not getting enough exercise  
       Tired feet  
       Frequent headaches
- FLC    Going in debt for nursing expenses  
       Infrequent all-night or late permits  
       \* Not being trusted outside the Nurse's Home  
       Too much discipline in the Nurse's Home
- SRA    Being ill at ease at social affairs  
       Unskilled in conversation  
       Not enjoying many things others enjoy  
       Unsure of social etiquette  
       Unable to lead a well-rounded life
- PPR \* Nervousness  
       Sometimes wishing I'd never been born  
       Moodiness, having the "blues"  
       Daydreaming  
       Not taking things seriously  
       Losing my temper
- CSM    Not mixing well with the opposite sex  
       \* Too few dates  
       Wondering if I'll find a suitable mate  
       \* Thinking too much about sex matters  
       \* Absence of boyfriend  
       Wanting love and affection
- HF    \* Parents sacrificing too much for me  
       Family quarrels  
       Having been spoiled at home
- MR    Learning undesirable habits  
       Failing to go to church  
       Having a guilty conscience  
       Trying to break off a bad habit
- CSP    School too indifferent to student's problems  
       Director of Nurses lacks understanding of students  
       Instructors lacking interest in students  
       Having an unfair instructor  
       \* Instructors partial to some students  
       Instructors lacking understanding of students
- AHR    Can't seem to please some supervisors  
       Dislike caring for demanding patients  
       \* Items also circled

- WED Living very easily  
Not getting enough exercise  
Hired foot  
Treatment prescribed
- WED Going in debt for nursing expenses  
Inpatient all night or late periods  
Not being treated outside the nurse's home  
Too much discipline in the nurse's home
- WED Being ill at ease as social affairs  
Thrilled in conversation  
Not enjoying party with others enjoy  
Spurred on social activities  
Unable to lead a well-rounded life
- WED Nervousness  
Sometimes wishing I'd never been born  
Goodness, having the "blues"  
Depressed  
Not taking things seriously  
Losing my temper
- WED Not mixing well with the opposite sex  
Too low-daced  
Wondering if I'll find a suitable mate  
Thinking too much about sex matters  
A knowledge of boyfriend  
Wanting love and affection
- WED A woman's sacrificing too much for me  
Really nervous  
Having been spoiled at home  
Learning unbecomingly fast  
Feeling to be married  
Having a guilty conscience  
Trying to make off a bad habit
- WED School too indifferent to student's problems  
Director of Nurses feels understanding of students  
Teacher not having interest in students  
Having an unfair instructor  
A instructor applied to some students  
Instructor lacking understanding of students
- WED Don't seem to place some supervisors  
Delineating for demanding patients  
A team also divided



Ten of the 52 problems marked have to do with a feeling of inadequacy on the part of the student in her relations with other people- classmates, members of the opposite sex, parents, instructors and some patients. Other items suggest a lack of emotional control and a deficiency in social skills.

5. PERSONAL-PSYCHOLOGICAL RELATIONS Predominating According to Number of Problems Marked.

PPR Taking things too seriously  
 Getting too excited  
 Moodiness, having the "blues"  
 Not doing anything well  
 Too easily discouraged  
 Unhappy too much of the time  
 Worrying about unimportant things  
 Forgetting things  
 Losing my temper  
 Stubbornness  
 \* Afraid of making mistakes  
 Lacking self-confidence  
 Feeling that nobody understands me

HPD Not getting enough outdoor air and sunshine

FLC Not enough suitable clothes to wear

SRA \* Wanting to learn how to entertain  
 Too little social life  
 Too little time to read what I like

SPR Shyness  
 Feelings too easily hurt  
 \* Feeling inferior  
 Being criticized by others  
 Disliking certain persons  
 Talk too much about personal affairs

CSM Wanting love and affection

HF Getting home too seldom

MR Confused in my religious beliefs  
 Science conflicting with religion  
 Can't forget some mistakes I've made  
 Sometimes being dishonest





- ASN    Poor memory  
       \* Fear failure in School of Nursing  
       Unable to express myself in words  
       Slow in catching on to theory
- FPE    Need information about future fields of nursing
- CSP    School too indifferent to student's problems  
       \* Director of Nurses lacks understanding of students  
       Instructors lack understanding of students
- AHR    Can't seem to please some supervisors  
       Prefer working alone to working with other students
- AAN    Off-duty time not scheduled so one can plan for it  
       Needing to cultivate a well-modulated voice  
       Failure of department to orient students

\* Items also circled

Thirteen, or almost one third, of the 43 problems marked by this student focused directly on herself. She expressed feelings of inferiority, a lack of emotional stability, and an oversensitivity regarding her ability to get along with others.

#### 6. MORALS AND RELIGION Predominating According to the Number of Problems Marked

- MR    Disillusioned in religious beliefs  
       Confused in my religious beliefs  
       \* Confused on some moral questions  
       \* Failing to go to church  
       \* Science conflicting with religion  
       Failing to see relation of religion to life  
       Loosing faith in religion  
       Moral code weakening
- HPD    Not enough sleep  
       Not getting enough outdoor air and sunshine  
       \* Poor complexion  
       \* Frequent headaches
- FIC    Infrequent all-night or late permits
- SRA    Feelings too easily hurt  
       Feeling inferior





Speaking or acting before I think  
Tend to complain too much

PPR \* Unhappy too much of the time

CSM \* Being in love with someone I can't marry  
\* Choice of continuing training or marrying  
Putting off marriage

FPE \* Needing encouragement to continue in nursing

CSP Director of Nurses lacks understanding of students

AHR \* Unable to direct subordinate workers

AAN \* Can't carry out nursing practices as taught in theory  
Off-duty time not scheduled so one can plan for it  
Afraid of becoming a hard-boiled nurse  
Failure of department to orient students  
Rule against accepting patient's gifts unfair  
Too little chance to know patient as a "whole"  
\* Disillusioned in nursing ideals

\* Items also circled

Over a quarter of the 35 problems marked by this student dealt with morality and religion. She expressed concern over a conflict between marriage and continuing training and was disillusioned in both religious and nursing ideals.

#### 7. ADJUSTMENT TO THE SCHOOL OF NURSING Predominating According to Number of Problems Marked

ASN \* Unable to concentrate well  
Poor memory  
Worrying over examinations  
Having too many subjects at one time  
\* Fear failure in School of Nursing  
Unable to express myself in words  
Afraid to speak up in class discussions  
Too easily distracted during class  
Not smart enough in scholastic ways  
Trouble in outlining or note-taking  
Slow in catching on to theory  
Can't get lessons in time I have for study  
Slow in reading  
Don't know how to study effectively





- HPD Not getting enough outdoor air and sunshine  
Poor posture  
Being too tall
- SRA Too little time for sports  
Too little chance to go to shows
- SPR Shyness  
Hurting people's feelings
- PPR Daydreaming  
Afraid of making mistakes  
Lacking self-confidence
- HF Father not living
- MR Failing to go to church
- CSP Nursing textbooks hard to understand  
Too much work required in some courses  
Too tired from nursing duties to study  
Inability to remain awake in class
- AAN Failing to organize my work well  
Too little chance to know the patient as a "whole"

\* Items also circled.

Fourteen, or more than a third, of the 32 problems marked by this student fell into the area of adjustment to the School of Nursing. An apparent deficiency in intellectual ability and ineffective methods of note-taking and studying are associated with a fear of examinations and failure in the school. Problems in the area of Curriculum and School Program also have to do with the intellectual ability of the student. There may be a relationship between the items "being too tall" and "poor posture."

#### 8. FUTURE: PROFESSIONAL AND EDUCATIONAL Predominating According to Number of Problems Marked

- FPE \* Needing encouragement to continue in nursing  
\* Needing to know my professional abilities.





- Wondering if I'll be a success in life
- \* Wanting advice on steps after leaving school
  - Afraid I'll never become an "R.N."
  - Doubting economic value of "R.N." degree
  - \* Need information about future fields of nursing
  - Concerned about entering military service
  - \* Fear I won't get a good recommendation from the school
  - Afraid I will lack experience in some fields of nursing.
- HPD Not enough sleep
- \* Not getting enough outdoor air and sunshine
  - Having poor teeth.
- FLC Having to watch every penny I spend
- \* Infrequent all-night or late permits
  - \* Not being trusted outside the Nurses' Home
- SRA Too little chance to enjoy art or music
- Too little chance to read what I like
- SPR Feelings too easily hurt
- Being watched by other people
- Being left out of things
- Being criticized by others
- Wanting a more pleasing personality
- PPR Moodiness, having the "blues"
- Too easily discouraged
- Afraid of making mistakes
- Lacking self-confidence
- CSM \* Wondering if I'll find a suitable mate
- Wondering if I'll ever get married
- Breaking up a love affair
- Putting off marriage
- Wanting love and affection
- MR Wanting more chances for religious worship
- \* Failing to go to church
- ASN Weak in writing
- CSP School too indifferent to student's problems
- \* Director of Nurses lacks understanding of students
  - \* Grades unfair as a measure of ability
  - Hard to study in living quarters
- AHR Can't seem to please some supervisors
- Feel dominated by nurse attendants





- AAN Unable to perform procedures effectively  
 \* Off-duty time not scheduled so one can plan for it  
 Too little credit given for good nursing care

Of the forty-five problems underlined by this student, ten concern her professional future. She expressed a desire to know more about her abilities and about the selection of a field after graduation. Other problems mentioned have to do with a fear of failure, a feeling of rejection by the students and staff, limitations imposed by lack of time for rest, recreation and worship and by a lack of money.

#### 9. CURRICULUM AND SCHOOL PROGRAM Predominating According to the Number of Problems Marked.

- CSP \* School too indifferent to student's problems  
 \* Director of Nurses lacks understanding of the students  
 Too few chances to express ideas or opinions  
 Instructors partial to some students  
 Grades unfair as measure of ability  
 Hard to study in living quarters  
 Too tired from nursing duties to study

- HPD Not eating a well-balanced diet  
 \* Disliking financial dependence on family  
 \* Infrequent all-night or late permits  
 \* Not being trusted outside Nurse's Home

- SRA \* Lacking a place to entertain friends  
 Too little social life  
 Unable to lead a well-rounded life

- SPR Wanting a more pleasing personality  
 Talk shop too much  
 \* Tend to complain too much

- PPR \* Lacking self-confidence

- ASN \* Unable to concentrate well  
 \* Worrying about examinations  
 \* Fear failure in school in School of Nursing  
 Too easily distracted during class  
 \* Not smart enough in scholastic ways  
 Don't know how to study effectively





FPE Not knowing what I really want  
Not able to decide what nursing field to enter  
Afraid I will lack experience in some field of nursing.

AHR Supervisors not trusting us enough  
Supervisors expecting too much of us  
Discouraged by pessimism of "R.N.'s"

AAN Failure to organize work well  
Failure of departments to orient students  
Too little credit given for good nursing care  
Too little chance to know the patients as a "whole"

This student underscored 35 problems, seven of which were criticisms of the school program. A sense of academic weakness constituted six more. In the other problems of real concern the student expressed dissatisfaction with her own personality and with certain aspects of residence life.

#### 10. ADJUSTMENT TO HUMAN RELATIONS IN NURSING Predominating According to the Number of Problems Marked

AHR Can't seem to please some supervisors  
Supervisors not trusting us enough  
Supervisors expecting too much of us  
Unable to please the doctors  
Afraid of some of the doctors  
Disliking caring for demanding patients  
Disliking caring for patients with certain diseases  
Prefer working alone to working with other students.

HPD \* Not enough sleep  
Not getting enough outdoor air and sunshine  
Afraid I may contact disease

FLC Too little money for clothes  
Missing former social life  
Too little time for sports

SPR \* Talk shop too much

CSM Deciding whether I'm in love

HF Being treated like a child at home

ASN Unable to concentrate well  
Afraid to speak up in class discussions





- FPE Not able to decide what nursing field to enter  
Trying to combine marriage and a career
- CSP School too indifferent to student's problems  
\* Director of Nurses lacks understanding of the students  
Too few chances to express ideas or opinions  
Instructors lacking understanding of students  
Hard to study in living quarters  
\* Too tired from nursing duties to study
- AAN Working too long hours  
\* Off-duty time not scheduled so one can plan for it  
Failure of departments to orient students  
Seniority rule carried too far  
\* Too little chance to know patient as a "whole"

Adjustment to Human Relations in Nursing accounted for one quarter of the 32 problems underlined. These difficult relations were with supervisors, doctors, some patients and other students.

# 11. ADJUSTMENT TO ADMINISTRATION OF NURSING CARE Predominating According to the Number of Problems Marked

- AAN Failing to organize my work well  
Can't carry out nursing practices as taught in theory  
Off-duty time not scheduled so one can plan for it  
Nursing care assignments not evenly distributed  
Failure of departments to orient students  
Nursing care checked to unreasonable degree  
\* Too little credit given for good nursing care  
\* Seniority rule carried too far  
\* Hospital insisting on routine at any price  
Disillusioned in nursing ideals
- HPD \* Tiring very easily  
Not getting enough outdoor air and sunshine
- FLC Disliking financial dependence on family  
Infrequent all-night or late permits  
Not being trusted outside Nurse's Home  
Too much discipline in Nurse's Home
- SRA Not enough time for recreation
- SPR Tend to complain too much
- PPR Nervousness  
Moodiness, having the "blues"





Too easily discouraged

ASN    Unable to concentrate well  
        Poor memory  
        Worrying about examinations  
        Fear failure in School of Nursing  
        Can't get lessons in time I have for study

CSP \* School too indifferent to student's problems  
      \* Director of Nurses lacks understanding of students  
      Too tired from nursing duties to study  
      Inability to remain awake in class

AHR    Can't seem to please some supervisors

Of the 32 problems underlined here, 10 or nearly a third, are in the area of adjustment to administration of nursing care, including failure of the department to orient the student, to schedule time off in advance, to give credit for good nursing care and to distribute assignments evenly.

This may give the reader some idea of the variations found within the Check Lists themselves. As was stated earlier, the responses cited here cannot be judged on the basis of the check list alone, but within these are found unhealthy attitudes and problems which may be of a very serious nature, and which almost certainly will hinder the students academic work. Here too it is possible to see some of the relationships between problems having their origin in the school environment and those which originate outside the hospital situation.





## CHAPTER IV

## SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

## Summary of Findings

The purpose of this study was to uncover the personal problems of a group of nursing students in a large city hospital in Canada. Specifically the main purposes were:

1. To discover the areas in which the majority of problems were found and the problems within these areas which were of most concern to the first, second and third year students.
2. To investigate the reactions of the students to a Problem Check List and to the knowledge that someone was interested in their problems.
3. To find out whether or not the students felt that there was a member of the faculty with whom they could discuss their problems.

The study group included 163 students: 139 from a three year program in a School of Nursing at a General Hospital and 24 from a five year program at a nearby University who affiliate at the hospital.

The Problem Check List Form for Schools of Nursing by Luella Morison was used to collect the data. A total of 5857 problems were underlined and of these 1449 were also circled, indicating that they were of real concern to the students.





The range of problems per student was from 4 to 111 under-scored and 0 to 45 circled. More problems were underlined in the area of Social and Recreational Activities than in any other area. The largest number of problems circled in School A were in the area of Adjustment to the School of Nursing and in School B, in the area of Finances and Living Conditions. In both schools the last four areas in rank order of number of problems underlined were: Adjustment to Human Relations in Nursing, Courtship, Sex and Marriage, Morals and Religion and Home and Family.

In School A the classes differed considerably in which areas they underlined the largest number of problems. The first year students marked more in the Adjustment to the School of Nursing, the second year students in Social and Recreational Activities and the third year students had the most in the Adjustment to the Administration of Nursing Care. In School B similar differences occurred. The first and second year students underlined the most problems in the area of Adjustment to the School of Nursing, third year students in Social and Recreational Activities and fourth year students underlined the largest number in the area of Finances and Living Conditions.

There was also a similarity in the items marked most consistently by the students in both schools. "Not getting enough outdoor air and sunshine" and "not being trusted outside the Nurse's Home" were ranked first and second by over





fifty per cent of the students in both schools according to the number of problems underlined. According to the number of problems encircled, "not being trusted outside the Nurse's Home" was first in School A. It was second in School B being preceded by "too much discipline in the Nurse's Home."

Eighty-four per cent of the students did feel that the Check List adequately covered their problems and only 14 of the 364 items were not marked. Eighty-eight per cent of the students indicated that they enjoyed filling out the list and that they were grateful for the interest shown in them. Of the eighty-seven per cent who felt that it was worthwhile, many stated that it clarified their problems in their own minds. Although only fifty per cent expressed a desire for counseling, twenty per cent omitted to reply and others stated that they would not like to discuss personal problems with anyone connected with the school. Twenty-one per cent of the students knew the person with whom they would like to talk.

### Conclusions

A study of the items underlined and circled as well as the summarizing statements made by the students relating to their feelings about themselves, reveals a need for improvement of the guidance procedure.

- a) Insecurity expressed by the students relating to their scholastic ability, study habits and objective self-





evaluation indicates the need for a thoroughgoing examination of pre-entrance guidance, selection and orientation plans.

Although these represent problems commonly found among adolescents of all ages, previous investigators have devised methods by which tensions accompanying them can be reduced.

- b) The percentage of students who indicated insecurity in social competence and dissatisfaction in personality development, points to the fact that the faculty should review the objectives of the school in this regard and the measures used to achieve these desirable objectives.

Plans for the development of poise in the student are rightly the responsibility of the school since the objectives of a good school of nursing include the social development of the students and social maladjustment can be the cause of academic and health problems.

- c) The fact that more than half of the students who expressed a desire for counseling did not know any person with whom they could talk indicates the need for an investigation of the methods which are used at present to counsel students as well as the manner in which these services are made known to the students.

Although an adequate counseling service, the core of the guidance program, has been seriously neglected in many schools, it has been frequently demonstrated that there are individuals





who need assistance in learning to make satisfactory adjustments. The findings of other studies which have shown that provision needs to be made for a person not connected with grading were borne out in this survey.

- d) Concern over the ability to lead a well-rounded life and the lack of time for participation in sports and other forms of recreation which was expressed by a large number of students suggests that the program of extra-curricular activities needs investigation.

That a program of extra-curricular activities is essential to the development of a happy and mature individual, contributing both to her mental health and to her future adjustment in social situations, has been recognized by many schools who have consequently concerned themselves as much with the development of the extra-curricular program and with the guidance of the students in the wise use of leisure time, as with required subject matter. Such a program should be very flexible and needs to be adapted to the varying need of the student group.

- e) The overall findings indicate a need for a thorough examination of the factors behind the feeling expressed by the students that they are not trusted by the faculty to be well-behaved, mature individuals in their off-duty time.

All discipline should be educational in usage, and should





be understood by the students. The imposition of restrictions for which they can see no purpose may produce not only strong feelings of resentment against authority but also undesirable behavior reactions. Students may need to learn about the advantages inherent in group living, which when integrated in the life of the school form an important part of the educational process.

- f) Fatigue, particularly as it effected their ability to study and their attention span during class periods was considered a problem by over one third of the students. In the light of this information the school needs to evaluate the provisions which are made for study periods as well as the scheduling of class periods.

Little value can be gained by providing periods of instruction or of study if the students are so mentally and physically fatigued that they constantly have difficulty to keep from falling asleep. Neither is there much point in providing recreational facilities if the students are already overtired when they get off duty.

- g) Emotional instability expressed by over one quarter of the students indicates the need for an investigation of the existing facilities for the promotion of the mental and emotional health of the student.

Although the school maintains a health service which is both curative and preventive in function, more consideration





needs to be given to the emotional problems of the students.

### Proposals for Future Developments

From the conclusions it is evident that some modifications of the existing personnel and guidance procedure is desirable. The proposals which follow are presented as a point of departure only and could be used by any forward looking school which has examined itself critically and wants to improve.

From the findings the problem is seen to concern itself with modifications essential for: the development of increased sensitivity by the faculty and other in-service personnel concerned with student education to the "personnel point-of-view"; the promotion of policies and practices for the students now in the school; and the improvement of selection and induction services.

The first proposal then has to do with increasing faculty sensitivity. Since guidance cannot be separated from the educational process, it is essential that all faculty and staff coming in contact with the student develop a "personnel point-of-view", as all will be responsible for some form of student guidance. A continuous program of in-service staff education is desirable to aid in the development of this attitude. Although the organization of such programs differs widely, as they must be adapted to the needs of the group, they frequently include such activities as: discussions led





by trained guidance personnel concerning the meaning of guidance and ways and means of implementing the guidance program; studies of the literature in the field of guidance to see what is being done not only in the schools of nursing but also in the high schools from which the nursing students come; selection of suitable books for addition to the school library; visits to other schools having guidance services to see how they are functioning.

Opinions expressed by the students in this survey would become more meaningful if studied by the faculty in relation to all other information possessed by the school about the students and the community resources available to them.

Further study of drop-outs and graduates will aid in determining the effectiveness of the present guidance procedures as well as supplying information regarding past adjustments of the group to the school and present adjustments in the community. It is also essential that nursing research be carried on in many areas to develop new criteria for the evaluation of clinical situations in regard to the desirable amount of time required for learning.

The second proposal which is concerned with the improvement of guidance procedures can be carried out only when a readiness for guidance has been established. It is preferable that plans for the development of the program be shared by students and faculty alike under the leadership of a well-qualified person who is not connected with the grading





of the students, who has adequate time for the job and who will understand the problems of the nursing service. Adequate support for the program can often be obtained from interested parents, friends or board members, in fact the guidance program may very well serve as a connecting link between the school and the community. It may not be possible to provide a full-time worker immediately, in which case it may be necessary to share someone with another school or agency.

Since no single plan will fit all situations, the pattern of organization and the specific services offered will depend upon the needs of the student group. This information can be obtained by assessing the present guidance activities operating in the school and the facilities which are available, from the follow-up studies of drop-outs and graduates previously suggested and by a study of the findings of this survey of student problems and their implications for student needs.

In terms of these needs specific objectives can be formulated for the development of the program beginning at the point of greatest need. As mentioned before, group participation in the program is very important. In some schools students have surveyed the interests of the student group as well as the community facilities available to the students working the various shifts for recreational and co-educational activities sponsored by churches, schools and youth organizations.





The inclusion of parents through a quarterly parent-student-faculty program has proven highly successful in one situation.<sup>1</sup> It has given the faculty and the parents an opportunity to know each other and has stimulated interest in the education of the students. In most communities there are other interested individuals and groups who will willingly volunteer their services to the school.

The third proposal has to do with the methods of selection and admission of future students. Many schools have found that the utilization of standardized tests has greatly increased the reliability of prediction of success. Not only can they be used to sort out students who have difficulties which would preclude their success in the school of nursing but they can also be used to discover the students who are in need of remedial reading or who need to improve their study skills. If the school accepts these students, it becomes responsible to make provisions for them.

No attempt has been made to outline an ideal pattern of organization for guidance procedures for in reality no such organization exists. There is, however, extensive literature in the fields of education and industry describing plans which have been tried out in various situations and there is an increasing number of articles appearing in nursing journals dealing with the guidance of nursing students.

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<sup>1</sup>Wilhelmine A. H. Twidale, "Students, Faculty and Parents Too," American Journal of Nursing, March 1950, pp. 177-178.





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Table 1. Rank order of the Index and Percentage of Problems  
 from Underlined in Index A and the Index and  
 Percentage of Problems Underlined.

Problem Group	Problems Underlined		Problems Underlined	
	Number	Per Cent	Number	Per Cent
Social and Educational Activities	530	11.1	140	11.1
Relationship to School or Study	547	11.2	160	11.4
Relationship to Administration of Mental Care	480	9.9	130	10.2
Physical and Physical Development	430	8.7	110	10.2
Personal-Psychological Relations	400	8.0	120	9.3
Living and Living Conditions	400	8.2	120	10.2
Personal and School Progress	411	8.1	100	8.3
For Future Professional and Educational	350	7.1	90	6.9
Social-Psychological Relations	340	6.9	80	6.3
Relationship to School or Study	377	7.6	40	4.0
Physical, Social and Personal	320	6.5	30	3.2
Health and Well-being	180	3.7	31	2.6
Health and Well-being	180	3.7	23	2.2
Total	5017	100.0	1200	100.0





Table 1. Rank Order of the Number and Percentage of Problem Areas Underlined in School A and the Number and Percentage of Problems Encircled.

Problem Areas	Problems Underlined		Problems Encircled	
	Number	Per Cent	Number	Per Cent
Social and Recreational Activities	558	11.1	140	11.3
Adjustment to School of Nursing	547	10.9	166	13.4
Adjust. to Administration of Nursing Care	499	9.9	126	10.2
Health and Physical Development	488	9.7	130	10.5
Personal-Psychological Relations	483	9.6	122	9.9
Finances and Living Conditions	462	9.2	133	10.8
Curriculum and School Program	411	8.1	105	8.5
The Future: Professional and Educational	359	7.1	85	6.9
Social-Psychological Relations	348	6.9	66	5.3
Adjustment to Human Relations in Nursing	277	5.3	49	4.0
Courtship, Sex and Marriage	214	4.3	39	3.2
Morals and Religion	185	3.7	31	2.5
Home and Family	156	3.1	43	3.5
Totals	5017	100.0	1235	100.0





Table 2. Rank Order of the Number and Percentage of Problem Areas Underlined in School B and the Number and Percentage of Problems Encircled.

Problem Areas	Problems Underlined		Problems Encircled	
	Number	Per Cent	Number	Per Cent
Social and Recreational Activities	103	12.2	19	8.9
Finances and Living Conditions	99	11.8	40	18.7
Personal-Psychological Relations	78	9.3	19	8.9
Adjust. to Administration of Nursing Care	74	8.8	12	5.6
Curriculum and School Program	68	8.1	19	8.9
Adjustment to School of Nursing	66	7.8	19	8.9
Health and Physical Development	63	7.5	19	8.9
Social-Psychological Relations	62	7.4	16	7.5
The Future: Professional and Educational	55	6.5	14	6.5
Adjustment to Human Relations in Nursing	55	6.5	7	3.3
Courtship, Sex and Marriage	50	5.6	17	7.9
Morals and Religion	36	4.3	2	.9
Home and Family	31	3.7	11	5.1
Totals	840	100.0	214	100.0





Table 3. Rank Order of the Number and Percentage of Problem Areas Underlined by First Year Students in School A and Number and Percentage of Problems Encircled.

Problem Areas	Problems Underlined		Problems Encircled	
	Number	Per Cent	Number	Per Cent
Adjustment to School of Nursing	265	16.8	102	21.6
Social and Recreational Activities	189	11.8	59	12.5
Health and Physical Development	186	11.4	62	13.2
Personal-Psychological Relations	173	11.0	52	11.0
Adjust. to Administration of Nursing Care	137	8.7	35	7.3
Finances and Living Conditions	127	8.1	30	6.4
Social-Psychological Relations	97	6.2	21	4.4
Curriculum and School Program	94	6.0	27	5.7
The Future: Professional and Educational	90	5.7	28	5.9
Morals and Religion	55	3.5	13	2.8
Courtship, Sex and Marriage	54	3.4	13	2.8
Adjustment to Human Relations in Nursing	53	3.4	12	2.5
Home and Family	52	3.3	17	3.6
Totals	1572	100.0	471	100.0





Table 4. Rank Order of the Number and Percentage of Problem Areas Underlined by Second Year Students in School A and Number and Percentage of Problems Encircled.

Problem Areas	Problems Underlined		Problems Encircled	
	Number	Per Cent	Number	Per Cent
Social and Recreational Activities	215	11.6	41	10.3
Adjust. to Administration of Nursing Care	199	10.8	47	11.8
Personal-Psychological Relations	178	9.6	34	8.5
Curriculum and School Program	176	9.8	42	10.5
Finances and Living Conditions	175	9.4	56	14.0
Health and Physical Development	166	9.0	36	9.0
Adjustment to School of Nursing	150	8.1	35	8.8
The Future: Professional and Educational	134	7.3	26	6.5
Social-Psychological Relations	134	7.3	21	5.3
Adjustment to Human Relations in Nursing	125	6.8	20	5.0
Courtship, Sex and Marriage	85	4.6	15	3.7
Morals and Religion	63	3.4	10	2.5
Home and Family	51	2.8	16	4.0
Total	1851	100.0	399	100.0





Table 5. Rank Order of the Number and Percentage of Problem Areas Underlined by Third Year Students in School A and Number and Percentage of Problems Encircled.

Problem Areas	Problems Underlined		Problems Encircled	
	Number	Per Cent	Number	Per Cent
Adjust. to Administration of Nursing Care	163	10.4	44	12.0
Finances and Living Conditions	160	10.2	47	12.9
Social and Recreational Activities	154	9.8	40	11.0
Curriculum and Physical Development	141	9.0	36	9.9
Health and Physical Development	136	8.7	32	8.8
The Future: Professional and Educational	135	8.6	31	8.5
Adjustment to School of Nursing	132	8.4	29	8.0
Personal-Psychological Relations	132	8.4	36	9.9
Social-Psychological Relations	117	7.5	24	6.6
Adjustment to Human Relations in Nursing	99	6.3	17	4.7
Courtship, Sex and Marriage	75	4.8	11	3.0
Morals and Religion	67	4.2	8	2.2
Home and Family	53	3.4	10	2.7
Totals	1564	100.0	364	100.0

Table 3. Rank Order of the Number and Percentage of Problems  
 Areas Identified by Third Year Boys in School A  
 and Number and Percentage of Problems Identified.

Problem Areas	Number of Problems Identified	Percentage of Problems Identified	Number of Problems Identified	Percentage of Problems Identified
Adjustment to Administration of Learning Curve	125	10.4	125	10.4
Finances and Living Conditions	120	10.1	120	10.1
Social and Vocational Activities	115	9.8	115	9.8
Personal and Physical Development	105	9.0	105	9.0
Health and Physical Development	105	9.0	105	9.0
Religion; Protestantism and Fundamentalism	100	8.5	100	8.5
Adjustment to School of Learning	100	8.5	100	8.5
Personal-Physical Relations	100	8.5	100	8.5
Social-Physical Relations	100	8.5	100	8.5
Adjustment to Learning Relations in Learning	100	8.5	100	8.5
Sex and Marriage	100	8.5	100	8.5
Religion and Religion	100	8.5	100	8.5
Sex and Marriage	100	8.5	100	8.5
Religion	100	8.5	100	8.5



Table 6. Rank Order of the Number and Percentage of Problem Areas Underlined by First Year Students in School B and Number and Percentage of Problems Encircled.

Problem Areas	Problems Underlined		Problems Encircled	
	Number	Per Cent	Number	Per Cent
Adjustment to School of Nursing	20	13.5	7	14.2
Health and Physical Development	16	10.8	8	16.3
Social and Recreational Activities	15	10.1	4	8.2
Finances and Living Conditions	15	10.1	4	8.2
Personal-Psychological Relations	13	8.8	2	4.1
Social-Psychological Relations	12	8.1	4	8.2
Adjustment to Human Relations in Nursing	10	6.8	5	10.2
Adjust. to Administration of Nursing Care	10	6.8	2	4.1
Home and Family	10	6.8	4	8.2
The Future: Professional and Educational	9	6.1	2	4.1
Courtship, Sex and Marriage	7	4.7	2	4.1
Morals and Religion	6	4.1	0	0
Curriculum and School Program	5	3.4	2	4.1
Totals	148	100.0	49	100.0





Table 7. Rank Order of the Number and Percentage of Problem Areas Underlined by Second Year Students in School B and Number and Percentage of Problems Encircled.

Problem Areas	Problems Underlined		Problems Encircled	
	Number	Per Cent	Number	Per Cent
Adjustment to School of Nursing	20	13.8	5	19.2
Social and Recreational Activities	19	13.1	1	3.8
Social-Psychological Relations	18	12.4	5	19.2
Personal-Psychological Relations	18	12.4	6	23.1
Health and Physical Development	12	8.3	1	13.8
Courtship, Sex and Marriage	12	8.3	5	19.2
Finances and Living Conditions	11	7.6	0	0
Adjustment to Human Relations in Nursing	11	7.6	1	3.8
Adjust. to Administration of Nursing Care	8	5.5	0	0
Curriculum and School Program	6	4.1	0	0
Morals and Religion	5	3.4	2	7.7
The Future: Professional and Educational	3	2.1	0	0
Home and Family	2	1.4	0	0
Totals	145	100.0	26	100.0

Table V. Rank Order of the Number and Percentage of Problems  
Answered in the Second Year Examinations in School 2  
and Number and Percentage of Problems Answered.

Problem Areas		Problems Answered		Percentage Answered	
Number of Problems		Number of Problems		Percentage of Problems	
1	20	18.8	3	10.2	
2	18	18.1	1	2.8	
3	16	18.4	2	19.2	
4	14	17.4	4	27.1	
5	12	17.8	1	15.8	
6	10	17.2	3	19.2	
7	8	17.6	0	0	
8	6	17.8	1	2.8	
9	4	17.8	0	0	
10	2	17.8	0	0	
11	1	17.8	0	0	
12	0	17.8	0	0	
13	0	17.8	0	0	
14	0	17.8	0	0	
15	0	17.8	0	0	
16	0	17.8	0	0	
17	0	17.8	0	0	
18	0	17.8	0	0	
19	0	17.8	0	0	
20	0	17.8	0	0	
Total		100.0	28	100.0	



Table 8. Rank Order of the Number and Percentage of Problem Areas Underlined by Third Year Students in School B and Number and Percentage of Problems Encircled.

Problem Areas	Problems Underlined		Problems Encircled	
	Number	Per Cent	Number	Per Cent
Social and Recreational Activities	20	15.0	2	7.7
Personal-Psychological Relations	16	12.0	8	30.8
Finances and Living Conditions	13	9.8	4	15.3
The Future: Professional and Educational	13	9.8	3	11.7
Courtship, Sex and Marriage	12	9.0	4	15.8
Adjust. to Administration of Nursing Care	11	8.3	0	0
Curriculum and School Program	11	8.3	1	3.5
Social-Psychological Relations	10	7.5	2	7.7
Health and Physical Development	8	6.0	1	3.5
Adjustment to Human Relations in Nursing	7	5.4	0	0
Home and Family	5	3.7	0	0
Adjustment to School of Nursing	5	3.7	1	3.5
Morals and Religion	2	1.5	0	0
Totals	133	100.0	26	100.0

Table 2. Analysis of the number and percentage of projects  
 these included by field test agencies in each of  
 and number and percentage of projects included.

Project Area		Number of Projects		Percentage of Projects	
		Number	Percentage	Number	Percentage
Adult and Adolescent	10	10.0	2	2.0	20.0
Personal and Social	10	10.0	0	0.0	0.0
Finance and Living	10	10.0	4	4.0	40.0
Education: Professional and Vocational	10	10.0	0	0.0	0.0
Health, Sex and Marriage	10	10.0	4	4.0	40.0
Adjustment to Administration of Public Care	10	10.0	0	0.0	0.0
Education and School	10	10.0	0	0.0	0.0
Adult-Professional	10	10.0	2	2.0	20.0
Health and Physical Development	10	10.0	1	1.0	10.0
Adjustment to Living	10	10.0	0	0.0	0.0
Education in Training	10	10.0	0	0.0	0.0
Home and Family	10	10.0	0	0.0	0.0
Adjustment to School of Living	10	10.0	2	2.0	20.0
Health and Religion	10	10.0	0	0.0	0.0
Totals		100.0	20	20.0	100.0



Table 9. Rank Order of the Number and Percentage of Problem Areas Underlined by Fourth Year Students in School B and Number and Percentage of Problems Encircled.

Problem Areas	Problems Underlined		Problems Encircled	
	Number	Per Cent	Number	Per Cent
Finances and Living Conditions	60	14.2	30	25.3
Social and Recreational Activities	49	11.6	12	10.2
Curriculum and School Program	46	10.9	16	13.5
Adjust. to Administration of Nursing Care	45	10.6	10	8.5
Health and Physical Development	37	8.7	9	7.7
Personal-Psychological Relations	31	7.3	4	3.5
The Future: Professional and Educational	30	7.1	7	5.6
Adjustment to Human Relations in Nursing	27	6.4	5	4.1
Morals and Religion	23	5.5	2	1.7
Social-Psychological Relations	22	5.2	6	5.0
Adjustment to School of Nursing	21	4.7	7	5.6
Courtship, Sex and Marriage	19	4.5	4	3.7
Home and Family	14	3.3	7	5.6
Totals	424	100.0	132	100.0





Table 10. School A- Response to Summarizing Questions in Terms of Number of Students and Year of Enrollment.

SUMMARIZING QUESTIONS (No. of students)	RESPONSE	YEAR 1	YEAR 2	YEAR 3	TOTAL
		57	41	41	139
1. Does the Check List give a well-rounded picture of your problems?	YES	42	32	35	109
	NO	6	1		7
	OMIT	9	8	6	23
3. Have you enjoyed filling out the List?	YES	45	37	39	121
	NO	7	2		9
	OMIT	5	2	2	9
4. Whether you have or have not enjoyed filling out the List, do you think it has been worthwhile doing?	YES	44	35	39	118
	NO	5	2	1	8
	OMIT	8	4	1	13
5.a. If the opportunity were offered, would you like to talk over any of these problems with someone on the nursing faculty?	YES	28	18	22	68
	NO	16	13	10	39
	OMIT	13	13	6	32
5.b. Do you know the particular person(s) with whom you would like to have these talks?	YES	17	4	10	31
	SPECIFIC	9	2	6	17
	NO	11	14	15	40
	OMIT	29	23	16	68

Table 10. Results of Experiments to Determine the Effect of the Amount of Water on the Growth of Plants

Experiment 1: Effect of Water on Plant Growth				
Amount of Water (ml)	Plant Height (cm)	Leaf Area (cm <sup>2</sup> )	Root Length (cm)	Stem Diameter (mm)
10	15	20	10	5
20	25	35	15	6
30	35	45	20	7
40	45	55	25	8
50	55	65	30	9
60	65	75	35	10
70	75	85	40	11
80	85	95	45	12
90	95	105	50	13
100	105	115	55	14
110	115	125	60	15
120	125	135	65	16
130	135	145	70	17
140	145	155	75	18
150	155	165	80	19
160	165	175	85	20
170	175	185	90	21
180	185	195	95	22
190	195	205	100	23
200	205	215	105	24
210	215	225	110	25
220	225	235	115	26
230	235	245	120	27
240	245	255	125	28
250	255	265	130	29
260	265	275	135	30
270	275	285	140	31
280	285	295	145	32
290	295	305	150	33
300	305	315	155	34
310	315	325	160	35
320	325	335	165	36
330	335	345	170	37
340	345	355	175	38
350	355	365	180	39
360	365	375	185	40
370	375	385	190	41
380	385	395	195	42
390	395	405	200	43
400	405	415	205	44
410	415	425	210	45
420	425	435	215	46
430	435	445	220	47
440	445	455	225	48
450	455	465	230	49
460	465	475	235	50
470	475	485	240	51
480	485	495	245	52
490	495	505	250	53
500	505	515	255	54
510	515	525	260	55
520	525	535	265	56
530	535	545	270	57
540	545	555	275	58
550	555	565	280	59
560	565	575	285	60
570	575	585	290	61
580	585	595	295	62
590	595	605	300	63
600	605	615	305	64
610	615	625	310	65
620	625	635	315	66
630	635	645	320	67
640	645	655	325	68
650	655	665	330	69
660	665	675	335	70
670	675	685	340	71
680	685	695	345	72
690	695	705	350	73
700	705	715	355	74
710	715	725	360	75
720	725	735	365	76
730	735	745	370	77
740	745	755	375	78
750	755	765	380	79
760	765	775	385	80
770	775	785	390	81
780	785	795	395	82
790	795	805	400	83
800	805	815	405	84
810	815	825	410	85
820	825	835	415	86
830	835	845	420	87
840	845	855	425	88
850	855	865	430	89
860	865	875	435	90
870	875	885	440	91
880	885	895	445	92
890	895	905	450	93
900	905	915	455	94
910	915	925	460	95
920	925	935	465	96
930	935	945	470	97
940	945	955	475	98
950	955	965	480	99
960	965	975	485	100
970	975	985	490	101
980	985	995	495	102
990	995	1005	500	103
1000	1005	1015	505	104
1010	1015	1025	510	105
1020	1025	1035	515	106
1030	1035	1045	520	107
1040	1045	1055	525	108
1050	1055	1065	530	109
1060	1065	1075	535	110
1070	1075	1085	540	111
1080	1085	1095	545	112
1090	1095	1105	550	113
1100	1105	1115	555	114
1110	1115	1125	560	115
1120	1125	1135	565	116
1130	1135	1145	570	117
1140	1145	1155	575	118
1150	1155	1165	580	119
1160	1165	1175	585	120
1170	1175	1185	590	121
1180	1185	1195	595	122
1190	1195	1205	600	123
1200	1205	1215	605	124
1210	1215	1225	610	125
1220	1225	1235	615	126
1230	1235	1245	620	127
1240	1245	1255	625	128
1250	1255	1265	630	129
1260	1265	1275	635	130
1270	1275	1285	640	131
1280	1285	1295	645	132
1290	1295	1305	650	133
1300	1305	1315	655	134
1310	1315	1325	660	135
1320	1325	1335	665	136
1330	1335	1345	670	137
1340	1345	1355	675	138
1350	1355	1365	680	139
1360	1365	1375	685	140
1370	1375	1385	690	141
1380	1385	1395	695	142
1390	1395	1405	700	143
1400	1405	1415	705	144
1410	1415	1425	710	145
1420	1425	1435	715	146
1430	1435	1445	720	147
1440	1445	1455	725	148
1450	1455	1465	730	149
1460	1465	1475	735	150
1470	1475	1485	740	151
1480	1485	1495	745	152
1490	1495	1505	750	153
1500	1505	1515	755	154
1510	1515	1525	760	155
1520	1525	1535	765	156
1530	1535	1545	770	157
1540	1545	1555	775	158
1550	1555	1565	780	159
1560	1565	1575	785	160
1570	1575	1585	790	161
1580	1585	1595	795	162
1590	1595	1605	800	163
1600	1605	1615	805	164
1610	1615	1625	810	165
1620	1625	1635	815	166
1630	1635	1645	820	167
1640	1645	1655	825	168
1650	1655	1665	830	169
1660	1665	1675	835	170
1670	1675	1685	840	171
1680	1685	1695	845	172
1690	1695	1705	850	173
1700	1705	1715	855	174
1710	1715	1725	860	175
1720	1725	1735	865	176
1730	1735	1745	870	177
1740	1745	1755	875	178
1750	1755	1765	880	179
1760	1765	1775	885	180
1770	1775	1785	890	181
1780	1785	1795	895	182
1790	1795	1805	900	183
1800	1805	1815	905	184
1810	1815	1825	910	185
1820	1825	1835	915	186
1830	1835	1845	920	187
1840	1845	1855	925	188
1850	1855	1865	930	189
1860	1865	1875	935	190
1870	1875	1885	940	191
1880	1885	1895	945	192
1890	1895	1905	950	193
1900	1905	1915	955	194
1910	1915	1925	960	195
1920	1925	1935	965	196
1930	1935	1945	970	197
1940	1945	1955	975	198
1950	1955	1965	980	199
1960	1965	1975	985	200
1970	1975	1985	990	201
1980	1985	1995	995	202
1990	1995	2005	1000	203
2000	2005	2015	1005	204
2010	2015	2025	1010	205
2020	2025	2035	1015	206
2030	2035	2045	1020	207
2040	2045	2055	1025	208
2050	2055	2065	1030	209
2060	2065	2075	1035	210
2070	2075	2085	1040	211
2080	2085	2095	1045	212
2090	2095	2105	1050	213
2100	2105	2115	1055	214
2110	2115	2125	1060	215
2120	2125	2135	1065	216
2130	2135	2145	1070	217
2140	2145	2155	1075	218
2150	2155	2165	1080	219
2160	2165	2175	1085	220
2170	2175	2185	1090	221
2180	2185	2195	1095	222
2190	2195	2205	1100	223
2200	2205	2215	1105	224
2210	2215	2225	1110	225
2220	2225	2235	1115	226
2230	2235	2245	1120	227
2240	2245	2255	1125	228
2250	2255	2265	1130	229
2260	2265	2275	1135	230
2270	2275	2285	1140	231
2280	2285	2295	1145	232
2290	2295	2305	1150	233
2300	2305	2315	1155	234
2310	2315	2325	1160	235
2320	2325	2335	1165	236
2330	2335	2345	1170	237
2340	2345	2355	1175	238
2350	2355	2365	1180	239
2360	2365	2375	1185	240
2370	2375	2385	1190	241
2380	2385	2395	1195	242
2390	2395	2405	1200	243
2400	2405	2415	1205	244
2410	2415	2425	1210	245
2420	2425	2435	1215	246
2430	2435	2445	1220	247
2440	2445	2455	1225	248
2450	2455	2465	1230	249
2460	2465	2475	1235	250
2470	2475	2485	1240	251
2480	2485	2495	1245	252
2490	2495	2505	1250	253
2500	2505	2515	1255	254
2510	2515	2525	1260	255
2520	2525	2535	1265	256
2530	2535	2545	1270	257
2540	2545	2555	1275	258
2550	2555	2565	1280	259
2560	2565	2575	1285	260
2570	2575	2585	1290	261
2580	2585	2595	1295	262
2590	2595	2605	1300	263
2600	2605	2615	1305	264
2610	2615	2625	1310	265
2620	2625	2635	1315	266
2630	2635	2645	1320	267
2640	2645	2655	1325	268
2650	2655	2665	1330	269
2660	2665	2675	1335	270
2670	2675</			



Table 11. School B- Response to Summarizing Question in Terms of Number of Students and Year of Enrollment.

SUMMARIZING QUESTION	RESPONSE	YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL
(No. of students)		6	4	5	9	24
1. Does the Check List give a well-rounded picture of your problems?	YES	5	3	5	6	19
	NO	1			1	2
	OMIT		1		2	3
3. Have you enjoyed filling out the List?	YES	5	3	5	9	22
	NO		1			1
	OMIT	1				1
4. Whether you have or have not enjoyed filling out the List, do you think it has been worthwhile doing?	YES	6	4	5	8	23
	NO				1	1
	OMIT					
5.a. If the opportunity were offered, would you like to talk over any of these problems with someone on the nursing faculty?	YES	3		3	7	13
	NO	3	3	2	2	10
	OMIT		1			1
5.b. Do you know the particular person(s) with whom you would like to have these talks?	YES	1		2	2	5
	SPECIFIC	1		2		3
	NO	1	1	1	3	6
	OMIT	4	3	2	4	13

While it is not possible to determine the exact date of the first of the following, it is believed that the first of the following was the first of the following.

No.	Name	Age	Sex	Date of Birth	Date of Death	Cause of Death	Place of Birth	Place of Death	Remarks
1	John Doe	25	M	1880	1905	Heart Disease	New York	New York	
2	Jane Doe	22	F	1882	1907	Heart Disease	New York	New York	
3	John Doe	20	M	1884	1909	Heart Disease	New York	New York	
4	Jane Doe	18	F	1886	1911	Heart Disease	New York	New York	
5	John Doe	16	M	1888	1913	Heart Disease	New York	New York	
6	Jane Doe	14	F	1890	1915	Heart Disease	New York	New York	
7	John Doe	12	M	1892	1917	Heart Disease	New York	New York	
8	Jane Doe	10	F	1894	1919	Heart Disease	New York	New York	
9	John Doe	8	M	1896	1921	Heart Disease	New York	New York	
10	Jane Doe	6	F	1898	1923	Heart Disease	New York	New York	
11	John Doe	4	M	1900	1925	Heart Disease	New York	New York	
12	Jane Doe	2	F	1902	1927	Heart Disease	New York	New York	
13	John Doe	1	M	1904	1929	Heart Disease	New York	New York	
14	Jane Doe	1	F	1906	1931	Heart Disease	New York	New York	
15	John Doe	1	M	1908	1933	Heart Disease	New York	New York	
16	Jane Doe	1	F	1910	1935	Heart Disease	New York	New York	
17	John Doe	1	M	1912	1937	Heart Disease	New York	New York	
18	Jane Doe	1	F	1914	1939	Heart Disease	New York	New York	
19	John Doe	1	M	1916	1941	Heart Disease	New York	New York	
20	Jane Doe	1	F	1918	1943	Heart Disease	New York	New York	



# PROBLEM CHECK LIST

## FORM FOR SCHOOLS OF NURSING

(Adapted from Problem Check List:  
College Form, by Ross L. Mooney)

By LUELLA J. MORISON

Please fill out these blanks:

Date of birth.....

Name of the School of Nursing.....

Class in School of Nursing.....  
(Preclinical, Senior, etc.)

Name of the person to whom  
you are to turn in this paper.....

Your name or other identification,  
if desired.....

Date.....

### DIRECTIONS FOR FILLING OUT THE CHECK LIST

This is not a test. It is a list of troublesome problems which often face students in schools of nursing—problems of health, social life, relations with people, studying, and the like. You are to go through the list, pick out the particular problems which are of concern to you, indicate those which are of most concern, and make a summary interpretation in your own words. More specifically, you are to take these three steps:

(1) Read the list slowly, pause at each item, and if it suggests something which is troubling you, underline it, thus, "1. Tiring very easily." Go through the whole list, underlining the items which suggest troubles (difficulties, worries) of concern to you.

(2) After completing the first step, look back over the items you have underlined and *circle the numbers* in front of the items which are of *most concern* to you,

thus, " (1) Tiring very easily."

(3) After completing the first and second steps, answer the summarizing questions on pages 5 and 6.



1. Tiring very easily
2. Being underweight
3. Being overweight
4. Not enough sleep
5. Not enough suitable clothes to wear
6. Too little money for clothes
7. Having less spending money than others
8. Managing my finances poorly
9. Not enough time for recreation
10. Lacking a place to entertain friends
11. Wanting to learn how to entertain
12. Being ill at ease at social affairs
13. Shyness
14. Being slow in making friends
15. No real friends in the school of nursing
16. Feelings too easily hurt
17. Too self-centered
18. Taking things too seriously
19. Nervousness
20. Getting too excited
21. Not mixing well with opposite sex
22. Not enough time for dates
23. "Going steady"
24. Being in love with someone I can't marry
25. Being criticized by my parents
26. Mother
27. Father
28. Parents sacrificing too much for me
29. Belonging to a minority religious group
30. Belonging to a minority racial group
31. Affected by racial or religious prejudice
32. Bothered by the vulgarity of hospital talk
33. Feeling lost in school of nursing
34. Purpose in going through nursing not clear
35. Dislike of nursing
36. Being a nurse on insistence of family
37. Family opposing my professional choice
38. Needing encouragement to continue in nursing
39. Needing to know my professional abilities
40. Not knowing what kind of person I want to be
41. School too indifferent to student's problems
42. Dull classes
43. Director of Nurses lacks understanding of students
44. Instructors lacking personality
45. Annoyed by supervision
46. Can't seem to please some supervisors
47. Supervisors poor managers
48. Supervisors not trusting us enough
49. Failing to organize my work well
50. Unable to perform procedures effectively
51. Lacking the aptitude for procedures
52. Can't carry out nursing practices as taught in theory
53. Not getting enough exercise
54. Not getting enough outdoor air and sunshine
55. Threatened with a serious ailment
56. Afraid I may need an operation
57. Going in debt for nursing expenses
58. Missing previous regular salary
59. Going through nursing on too little money
60. Doubting that nursing is worth the financial sacrifice
61. Boring days off
62. Too little social life
63. Awkward in meeting people
64. Unskilled in conversation
65. Unpopular
66. Being made fun of
67. Being talked about
68. Feeling inferior
69. Moodiness, having the "blues"
70. Not having any fun
71. Failing to get ahead
72. Sometimes wishing I'd never been born
73. Too few dates
74. Uninterested in opposite sex
75. Embarrassed in discussion of sex
76. Wondering if I'll find a suitable mate
77. Parents separated or divorced
78. Death in the family
79. Father not living
80. Mother not living
81. Learning undesirable habits
82. Disillusioned in religious ideals
83. Confused in my religious beliefs
84. Confused on some moral questions
85. Unable to concentrate well
86. Weak in logical reasoning
87. Poor memory
88. Worrying about examinations
89. Needing to plan ahead for the future
90. Doubting the wisdom of future plans
91. Wanting to get out of school and on my own
92. Wondering if I'll be successful in life
93. Inadequate high school training
94. Nursing textbooks hard to understand
95. Too few books in the library
96. Instructors lacking grasp of subject matter
97. Supervisors don't understand our educational needs
98. Supervisors expecting too much of us
99. Supervisors too friendly
100. Dissatisfied in present department
101. Working too long hours
102. Off-duty time not scheduled so one can plan for it
103. Nursing care assignments unevenly distributed.
104. Nursing care assignments not clear



105. Afraid I may contract disease
106. Poor posture
107. Poor complexion
108. Not very attractive physically
109. Needing money for education beyond nursing course
110. Having to watch every penny I spend
111. Family worried about finances
112. Disliking financial dependence on family
113. Missing former social life
114. Slow in getting acquainted with people
115. Nothing interesting to do in spare time
116. Not enjoying many things others enjoy
117. Hurting people's feelings
118. Being watched by other people
119. Being left out of things
120. Being criticized by others
121. Not doing anything well
122. Too easily discouraged
123. Unhappy too much of the time
124. Worrying about unimportant things
125. Disturbed by ideas of sexual acts
126. Insufficient knowledge about sex matters
127. Wondering if I'll ever get married
128. Afraid of losing the one I love
129. Friends not welcomed at home
130. Home life unhappy
131. Family quarrels
132. Feeling I don't really have a home
133. Missing spiritual elements in my present life
134. Wanting more chances for religious worship
135. Failing to go to church
136. Science conflicting with religion
137. Not fundamentally interested in books
138. Having too many subjects at one time
139. Getting low grades
140. Fear failure in school of nursing
141. Not physically fit to practice nursing
142. Dread leaving school and starting on my own
143. Wanting advice on steps after leaving school
144. Doubt ability to take part in professional organizations
145. Classes too large
146. Too few chances to express ideas or opinions
147. Instructors lacking interest in students
148. Having an unfair instructor
149. Having difficulty in following doctors' orders
150. Unable to please the doctors
151. Trouble in figuring out what the doctor wants
152. Maintaining loyalty to the doctor
153. Unable to handle embarrassing situations
154. Not observant enough in bedside care
155. Needing to cultivate a well modulated voice
156. Finding it hard to be dignified on duty
157. Being clumsy and awkward
158. Being too short
159. Being too tall
160. Having weak eyes
161. No regular source of income
162. Too little money for recreation
163. Having financial dependents
164. Too many financial problems
165. Unsure of social etiquette
166. Wanting to learn how to dance
167. Not knowing what to do on a date
168. Feeling my personal appearance is unsatisfactory
169. Being snubbed
170. Being called "high-hat"
171. Losing friends
172. Not getting along with other people
173. Daydreaming
174. Forgetting things
175. Afraid when left alone
176. Not taking things seriously
177. Going with a person my family won't accept
178. Being in love
179. Deciding whether I'm in love
180. Afraid of close contact with opposite sex
181. Heavy home responsibilities
182. Sickness in the family
183. Parents expecting too much of me
184. Too dependent on my family
185. Being forced to go to church
186. Failing to see relation of religion to life
187. Rejecting earlier religious beliefs
188. Doubting value of worship and prayer
189. Unable to express myself in words
190. Afraid to speak up in class discussions
191. Wanting to change to another school
192. Unable to get scientific subjects
193. Afraid I'll never become an "R.N."
194. Being told I'll fail in practice as an "R.N."
195. Doubting happiness as an "R.N."
196. Doubting economic value of "R.N." degree
197. Being without a counselor
198. Instructors partial to some students
199. Grades unfair as measures of ability
200. Not getting adequate education for present nursing
201. Discouraged by pessimism of "R.N.'s"
202. Afraid of some of the doctors
203. Afraid the patients won't like me
204. Can't deal with the patient's friends and visitors
205. Afraid of becoming a "hardboiled" nurse
206. Afraid of causing pain when giving treatments
207. Afraid to administer medicines
208. Can't take unpleasant odors or sights



209. Having frequent sore throat
210. Having frequent colds
211. Nose or sinus trouble
212. Speech handicap (stammering, etc.)
213. Living quarters unsatisfactory
214. Lacking privacy in living quarters
215. Living with unsatisfactory roommates
216. Noise in home interfering with sleep
217. Not enough time for myself
218. Too much social life
219. Failing to have fun in school activities
220. Desiring more cooperation among students
221. Disliking certain persons
222. Being disliked by certain persons
223. Getting into arguments
224. Being jealous
225. Losing my temper
226. Stubbornness
227. Carelessness
228. Laziness
229. Breaking up a love affair
230. Choice of continuing training or marrying
231. Thinking too much about sex matters
232. Competition in a love affair
233. Not telling my parents everything
234. Parents not trusting me
235. Being treated like a child at home
236. Being an only child
237. Having a guilty conscience
238. Yielding to temptations
239. Getting a bad reputation
240. Can't forget some mistakes I've made
241. Too easily distracted during classes
242. Absent from classes too often
243. Tardy for classes too often
244. Wanting to leave nursing
245. Not knowing what I really want
246. Not able to decide what nursing field to enter
247. Need information about future fields of nursing
248. Need education beyond nursing course
249. Courses too unrelated to each other
250. Too much repetition of some topics
251. Tests often unfair
252. Assigned study periods unsatisfactory
253. Dislike caring for demanding patients
254. Dislike caring for patients with certain diseases
255. Dislike caring for male patients
256. Can't be firm with patients
257. Routines in some departments hard to learn
258. Failure of departments to orient students
259. Nursing care checked to unreasonable degree
260. Too little credit given for good nursing care
261. Having poor teeth
262. Having poor health
263. Tired feet
264. Frequent headaches
265. Infrequent all-night or late permits
266. Not fitting into the group with which I live
267. Living conditions don't provide "home" environment
268. Not getting along with the House Mother
269. Too little time for sports
270. Too little chance to enjoy art or music
271. Too little chance to listen to the radio
272. Too little chance to go to shows
273. Wanting a more pleasing personality
274. Too easily led by other people
275. Picking the wrong kind of friends
276. Speaking or acting before I think
277. Afraid of making mistakes
278. Can't make up my mind about things
279. Lacking self-confidence
280. Can't see the value of things I do
281. Putting off marriage
282. Engagement
283. Absence of boy friend
284. Religious differences preventing marriage
285. Clash of opinions between me and parents
286. Having been "spoiled" at home
287. Not getting along with brother or sister
288. Not getting along with a step-parent
289. Too little chance to develop my own religion
290. Disliking church services
291. Lessened fervor in religious practices
292. Losing faith in religion
293. Not smart enough in scholastic ways
294. Trouble in outlining or note-taking
295. Weak in writing
296. Slow in catching on to theory
297. Afraid I'll not be adequately prepared for nursing
298. Afraid of unemployment after graduation
299. Trying to combine marriage and a career
300. Concerned about entering military service
301. Instructors lacking understanding of students
302. Too much work required in some courses
303. Hard to study in living quarters
304. No suitable place to study in school
305. Prefer working alone to working with other students
306. Depend too much on others for assistance
307. Too willing to "cover-up" for co-workers
308. Too many people "passing the buck"
309. Seniority rule carried too far
310. Too difficult for students to get doctor's care
311. Rule against accepting patient's gifts unfair
312. Rule against accepting patient's invitations unfair







2. How would you summarize your chief problems in your own words? Write a brief summary.

3. Have you enjoyed filling out the list? .....Yes. ....No.

4. Whether you have or have not enjoyed filling out the list, do you think it has been worth while doing? .....Yes. ....No. Could you explain your reaction?

5. If the opportunity were offered, would you like to talk over any of these problems with someone on the nursing faculty? .....Yes. ....No. If so, do you know the particular person(s) with whom you would like to have these talks? .....Yes. ....No.

Names.....



**Note to Counselors:** Normally the summary of items checked is to be made by the counselor. In some situations, however, the counselor may want students to make their own summaries. In these cases, students should be given definite instructions and a demonstration of the method, preferably after they have filled out the check list.

#### *Instructions for Making Summary of Items Checked*

For convenience in summarizing results on an individual case or on groups of students, the 364 problems are classified in thirteen areas:

- |  |  |
|--|--|
| (1) Health and Physical Development (HPD)    | (8) Morals and Religion (MR)                             |
| (2) Finances and Living Conditions (FCL)     | (9) Adjustment to School of Nursing (ASN)                |
| (3) Social and Recreational Activities (SRA) | (10) The Future: Professional and Educational (FPE)      |
| (4) Social-Psychological Relations (SPR)     | (11) Curriculum and School Program (CSP)                 |
| (5) Personal-Psychological Relations (PPR)   | (12) Adjustment to Human Relationships in Nursing (AHR)  |
| (6) Courtship, Sex, and Marriage (CSM)       | (13) Adjustments to Administration of Nursing Care (AAN) |
| (7) Home and Family (HF)                     |  |

There are 28 problems in each area, these being arranged in groups of four items across the seven columns of problems. The first area is the top group, the second the second group, and so on down the pages. On page five there is at the end of each group a box in which to record the count of problems marked in each area. In the left half of the box put the number of items circled as important; in the right half, put the total number marked in the area (including the circled items as well as those underlined only). At the bottom of the column enter the totals for the list.

#### NOTES

The remainder of this page and the next may be used for counselor's notes.



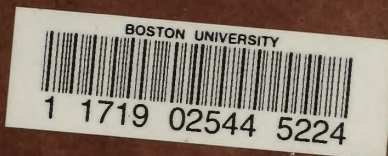
105. Afraid I may contract disease  
106. Fear possible  
107. From conception  
108. Not very attractive physically  
109. No reason for the school leaving course  
110. Having to work with people I regard  
111. Family worried about future  
112. Disliking the school dependence on family  
113. Missing former school life  
114. Slow in getting acquainted with people  
115. Nothing interesting in the experience  
116. Not enjoying many things about work  
117. Hearing people's feelings  
118. Being watched by other people  
119. Not out of things  
120. Being criticised by others  
121. No other activities  
122. Too easily discouraged  
123. Unhappy too much of the time  
124. What are some important things  
125. Distracted by ideas of personal style  
126. Inefficient, knowledge about not matters  
127. Wondering if I'm over-ambitious  
128. Afraid of being the only one  
129. Friends are worried at home  
130. How life might be  
131. Family control  
132. Feeling I don't really have a power  
133. Missing school life  
134. Wanting more freedom for religious worship  
135. Valuing go to church  
136. Science conflicting with religion  
137. Not fundamentally interested in science  
138. Hearing teachers' subjects at one time  
139. Getting low grades  
140. Far behind school at writing  
141. Not physically fit to graduate nursing  
142. Being leaving school and starting on my own  
143. Wanting advice on what after leaving school  
144. People thought I was part of Protestant organizations  
145. Christian home  
146. Too free to have constant ideas on opinions  
147. Teachers' teaching based in tradition  
148. Not very well instructed  
149. Having difficulty in following doctors' orders  
150. Unable to please the doctor  
151. Unable in fitting outwards the doctor wants  
152. Misunderstanding to the doctor  
153. Unable to handle embarrassing situations  
154. Not smart enough in school time  
155. Feeling as religious a well graduated nurse  
156. Feeling it hard to be handled with

157. Being clumsy and awkward  
158. Being too short  
159. Being too tall  
160. Having weak eyes  
161. No reason for the school leaving course  
162. Too little money for transportation  
163. Having financial problems  
164. Too many financial problems  
165. Learning of social etiquette  
166. Wanting to learn how to dance  
167. Not knowing what to do on a date  
168. Feeling my personal appearance is unsatisfactory  
169. Being envious  
170. Being called "high-top"  
171. Being called "high-top"  
172. Not getting along with other people  
173. Daydreaming  
174. Forgetting things  
175. Afraid when left alone  
176. Not taking things seriously  
177. Going with a person my family won't accept  
178. Being in love  
179. Deciding whether I'm in love  
180. Afraid of close contact with opposite sex  
181. Heavy home responsibilities  
182. Silence in the family  
183. Parents expecting too much of me  
184. Too dependent on my family  
185. Being forced to make choices  
186. Feeling to the tension of religion in life  
187. Religious beliefs religious beliefs  
188. Religious beliefs of worship and prayer  
189. Unable to express myself in words  
190. Afraid to speak in class discussions  
191. Wanting to change to another school  
192. Unable to get religious education  
193. Afraid I never became an "R.N."  
194. Being told I'll fail in practice as an "R.N."  
195. Doubting practice as an "R.N."  
196. Doubting academic value of "R.N." degree  
197. Being without a commitment  
198. Instructor partial to some students  
199. Teachers' unfair treatment of ability  
200. Not getting advice about the present nursing  
201. Discouraged by position of "R.N."s  
202. Afraid of some of the doctors  
203. Afraid the patients won't like me  
204. Can't deal with the patient's friends and family  
205. Afraid of becoming a "hard-boiled" nurse  
206. Afraid of coming from school to work  
207. Afraid of being treated badly  
208. Can't stand to be handled with



Riddell, F. M.

An analysis of personal problems. ....



Field Riddell, F.M.

Study

1951 NON CIRCULATING

An analysis of

personal problems.....

L. Day 5/29/59

Potter Sept. 25 - 1 pm

Potter

L. Dayall 4/13 10/45

E. Pett

Smancilla (B)

M. J. du

204322

M. J. du

E. Pett

D. M.

